This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

Usage guidelines

Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

+ *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.
+ *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.
+ *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.
+ *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

About Google Book Search

Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at `http://books.google.com/`

BOSTON
MEDICAL LIBRARY
8 THE FENWAY

NOV 4 1940

PROCEEDINGS

OF THE

FIFTEENTH ANNUAL MEETING

OF THE

American Institute of Homœopathy,

HELD IN BROOKLYN, N. Y.,

June 2d and 3d, 1858.

15, 16, 17, annual

BATH, MAINE:
EASTERN TIMES PRESS.
1858.

NOV 4 1940

PROCEEDINGS

OF THE

AMERICAN INSTITUTE

OF

HOMŒOPATHY,

FOR 1858.

Session held in Brooklyn, New York, June 2d and 3d, 1858.

Bath, Maine:
EASTERN TIMES PRESS.
1858.

BOSTON MEDICAL
APR 20 1965
LIBRARY

PROCEEDINGS

OF THE

American Institute of Homœopathy,

FOR 1858.

PROCEEDINGS

OF THE

FIFTEENTH ANNUAL MEETING

OF THE

AMERICAN INSTITUTE OF HOMŒOPATHY.

HELD JUNE 2d and 3d, 1858.

FIRST DAY.

The American Institute of Homœopathy commenced its fifteenth annual session in the Atheneum, at Brooklyn, N. Y., on Wednesday morning, June 2d, 1858, at 10 o'clock, and was called to order by the General Secretary, D. S. Smith, M. D., Waukegan, Illinois.

The Secretary then proceeded to call the roll of members, numbering three hundred and eighty names; and all inaccuracies in names, and change of residence; and all cases of removal of members by death, as far as such could be ascertained, were corrected.

In pursuance of the regular order of business, the Institute then proceeded to the election of officers by ballot, for the ensuing year, when the following named gentlemen were declared to be unanimously elected.

PRESIDENT.

D. S. SMITH, M. D., WAUKEGAN, ILL.

General Secretary.

WM. E. PAYNE, M. D., BATH, ME.

Provisional Secretary.

E. T. RICHARDSON, M. D., BROOKLYN, N. Y.

Treasurer.

S. S. GUY, M. D., BROOKLYN, N. Y.

F. R. MCMANUS, M. D., Baltimore, Md., nominated the following named gentlemen, who were unanimously elected

Censors.

CHARLES F. MANCHESTER, M. D., PAWTUCKET, R. I.
BENJ. F. JOSLIN, M. D., NEW YORK.
ROBERT ROSMAN, M. D., BROOKLYN, N. Y.
ELIPHALET CLARK, M. D., PORTLAND, ME.
L. B. WELLS, M. D., UTICA, N. Y.

The Chairman appointed the following named gentlemen as

Auditors of Treasurer's Account.

F. R. MCMANUS, M. D., BALTIMORE, MD.
JOHN D. MOORE, M. D., BURLINGTON, N. J.
ALPHEUS MORRILL, M. D., CONCORD, N. H.
N. H. WARNER, M. D., BUFFALO, N. Y.
LYMAN CLARY, M. D., SYRACUSE, N. Y.

And for the

Committee on Scientific Subjects.

J. P. DAKE, M. D., PITTSBURGH, PA.
E. BAYARD, M. D., NEW YORK.
WM. A. REED, M. D., PHILADELPHIA.

The Treasurer presented his report, and on motion it was referred to the committee on the Treasurer's Account.

The next business in order was the

REPORTS OF COMMITTEES,

appointed at the last annual meeting, on scientific subjects.

J. P. DAKE, M. D., chairman of the committee on *Water as a Therapeutic Agent*, reported progress, and on motion of Dr. Clary, the committee was continued, with instructions to report at the next annual meeting.

C. M. DAKE, M. D., Geneseo, New York, Committee on *Anæsthetic Agents, their Use and Abuse*, was not present; but forwarded a communication, which was read by the Secretary, asking extension of time, as from ill-health, he was unable to complete his report for the present session. On motion, Dr. Dake's request was granted, and the committee was accordingly continued to the next session of the Institute.

A. R. BARTLETTE, M. D., Auroria, Ill., Committee on *Intermittent Fevers*, sent in his report, which was read by the General Secretary. When the reading was concluded, it was moved by Dr. McManus that the report be accepted, and published with the proceedings. Before this motion was submitted, remarks were made by Dr. Clary, Dr. McManus, and others, when, in view of the importance of the subject, and the interest and profit which might arise from its discussion, Dr. McManus withdrew his motion to print,—and on motion of Dr. Clary, the report was laid on the table to be called up for discussion to-morrow morning, immediately after the reading of the minutes of this day's proceedings.

Pending the disposal of the reports of Committees on Scientific Subjects, Dr. MANCHESTER, chairman of the board of Censors, reported that the following named applicants for membership, had been found by the board, to have complied with the requirements of the VIII. article of the by-laws; and, on motion, they were all duly elected members of the Institute.

JOHN TURNER, M. D.,	Brooklyn, N. Y.
GEO. V. NEWCOMB, M. D.,	" " "
JOHN G. ROSMAN, M. D.,	" " "
HENRY MINTON, M. D.,	" " "
J. PITMAN DINSMORE, M. D.,	" " "
HENRY E. MORRILL, M. D.,	" " "
W. L. R. PERRINE, M. D.,	" " "
JAMES L. WATSON, M. D.,	" " "
ALBERT WRIGHT, M. D.,	" " "
JULIUS BERGHAUS, M. D.,	New York.
EDWIN WEST, M. D.,	" "
EDWIN M. KELLOGG, M. D.,	" "
WARREN FREEMAN, M. D.,	" "
OTTO FULLGRAFF, M. D.,	" "
E. GURNSEY, M. D.,	" "
ROGER G. PERKINS, M. D.,	" "
MARTIN FRELIGH, M. D.,	" "
M. R. PULSIFER, M. D.,	Ellsworth, Me.
WM. A. GREENLEAF, M. D.,	Hamilton, Canada West.
J. J. DETWILLER, M. D.,	Easton, Pa.
J. T. HOTCHKISS, M. D.,	Bloomington Grove, O. Co., N .Y.
ISAAC E. KIRK, M. D.,	Hudson, N. Y.
N. G. H. PULSIFER, M. D.,	Waterville, Me.
MELANCTON W. CAMPBELL, M. D.,	Stillwater, Saratoga Co., N. Y.
T. DEWACKERBARTH, M. D.,	St Josephs, Mo.
JOHN J. YOULIN, M. D.,	Jersey City, N. J.
LA FAYETTE MACFARLAND, M. D.,	Boston, Mass.

JOSEPH E. JONES, M. D.,	Westchester, Pa.
L. B. HAWLEY, M. D.,	Phœnixville, Pa.
THOMAS LAFON, M. D.,	Newark, N. J.
TULLIO S. VERDI, M. D.,	Washington, D. C.
HENRY E. STONE, M. D.,	Fair Haven, Conn.
EZEKIEL MORRILL, M. D.,	Concord, N. H.
JOSEPH C. BAKER, M. D.,	Middleboro', Mass.
WM. H. LOUGEE, M. D.,	Methuen, Mass.
A. H. ASHTON, M. D.,	Philadelphia, Pa.
LEWIS COXE, JR., M. D.,	" "
ERNST F. HOFMAN, M. D.,	Poughkeepsie, N. Y.

The reports of committees on scientific subjects were again proceeded with, and

GEORGE E. SHIPMAN, M. D., of Chicago, Ill., Committee on *Parasites in Connection with Disease*, was called; not present,—but reported progress through the chairman of the Institute, and was continued with instructions to report at our next annual meeting.

WM. E. PAYNE, M. D., Bath, presented his report on the *Alternation of Remedies in Homœopathic Practice*, which on motion of J. P. Dake, M. D., was laid on the table to be disposed of tomorrow.

Report of the Central Bureau.

Reports were presented by two several members of the Bureau, viz: B. F. Joslin, M. D., and Wm. E. Payne, M. D. Dr. Joslin, chairman of the Board, presented a proving of *rumex-crispus*; and Dr. Payne, a limited proving of the same drug, together with a proving of *calcarea phosphorica*. On motion, both reports were accepted, and referred to the committee on publication. [See Appendix I.]

On motion of Dr. Clary the Institute adjourned to 3 o'clock P. M.

Afternoon Session.

The Institute reassembled at 3 o'clock, and was called to order by the chairman. The report of Committees, being still the regular business before the Institute, was resumed.

P. P. WELLS, M. D., Brooklyn, N. Y., Committee on the *Attenuation of Medicines*, was called. Absent in Europe; and no excuse being offered for the delinquency, on motion, the committee was discharged.

A. E. SMALL, M. D., Chicago, Ill., Committee on *The Influence of Geological Formations in Disease*, made no report, and, on motion, was discharged.

JOHN ELLIS, M. D., Detroit, Mich., sent in his report on the *Scale of Preparations of Homœopathic Attenuations*, which was read by the Secretary. On motion of Dr. McManus, the report was accepted, and laid on the table to be called up for discussion to-morrow.

D. M. DAKE, M. D., Pittsburgh, Pa., Committee on *Evacuants, and their Physiological and Therapeutic Relations to the Human Economy*, forwarded his report, which was read by Dr. J. P. Dake, and on motion of Dr. Wm. E. Payne it was accepted, and laid on the table to be called up to-morrow for disposal.

I. M. WARD, M. D., Newark, N. J., Committee on *Mechanical Support in the Treatment of Disease*, was called upon, but had no report. But, signifying a willingness to consider the subject,—and report at the next meeting of the Institute, was continued.

W. WILLIAMSON, M. D., on *Puerperal Fever*, was not present; and offering neither report, nor excuse, on motion of Dr. McManus, was discharged.

E. A. GUILBERT, M. D., Dubuque, Iowa, on *Chest Diseases, their Diagnosis, and Treatment*, was called. Not present. Dr.

Smith, in behalf of Dr. Guilbert, reported progress, and on motion of Dr. McManus the committee was continued, with instructions to report to the next meeting.

S. M. CATE, M. D., Augusta, Me., Committee on *Scarlet Fever, its Prophylaxis and Treatment*, was not present. The Secretary stated, in reply to the call, that Dr. Cate's report was completed; and that he had been expecting it by mail to present to the Institute; but from some cause unknown to him, it had not arrived. It might arrive before the close of the meeting. The subject was referred to the Secretary. [See Appendix VIII.]

G. W. SWAZEY, M. D., Springfield, Mass., was not present to report on *Medical Dynamics*. On motion of Dr. McManus, the committee was continued for another year.

R. GARDINER, M. D., Philadelphia, from the Committee on *Small Pox, and Kindred Pustular Diseases*, read a very interesting report. Dr. Donovan inquired of Dr. Gardiner what means he had used to prevent pitting. Dr. Gardiner replied that he had employed *causticum* and *mercurius corrosivus* with considerable success. On motion of Dr. Donovan, the report was referred to the Printing Committee. [See Appendix II.]

Adjourned to meet at 8 o'clock, to hear the annual address of Prof. J. P. Dake.

Wednesday Evening.

The members of the Institute assembled in the large Hall of the Atheneum building, which was filled by a highly intelligent audience, sometime before the address commenced. The orator was listened to with unwavering attention, throughout, and was heartily applauded, at the close. Dr. Ward, of Newark, N. J., followed with some general remarks upon the rise and progress of Homœopathy in this country. He, also, closed with applause. The Institute then adjourned to meet, in their business capacity, on the following morning at 10 o'clock.

A sumptuous repast having been prepared under the auspices of the physicians of our school, of the city of Brooklyn, the members of the Institute, together with invited guests, repaired to the room below, where the company was cordially welcomed by Dr. Dinsmore, of Brooklyn. E. W. Dunham, Esq., President of the Corn Exchange Bank, of New York city, was called to the chair; and Rev. Dr. Farley asked a blessing. Sentiment, response and music, followed the removal of the cloth. It was designed that the responses should be by residents of Brooklyn, and mainly by those not members of the medical profession.

The first regular toast offered, was:

"The Healing Art—once empirical, now scientific."

which was responded to by Mr. J. N. Bulkley.

The second toast:

"The memory of Hahnemann,"

was followed by a dirge from the band.

The third toast:

"The principles of Homœopathy; resting upon that sure foundation, *similia similibus curantur*, they can neither be subverted nor overthrown,"

was responded to by Rev. Dr. Farley, who was followed by a quintette of ladies and gentlemen.

The fourth toast was one sent in by Rev. Eldred S. Porter:

"The American Institute of Homœopathy: may it triturate opposing errors into nothing, and furnish a *Wright* for every medical wrong."

Responded to by Dr. Guy, and followed by music.

The fifth toast:

"The Clergy—We look to them to be foremost in all true reforms,"

was followed by singing by a trio of gentlemen.

The sixth toast:

"The Bar—The conservator of our legal rights,"

was responded to in a very happy manner by C. R. Huntley, Esq., who showed that "the Bar" could *bleed* and *blister* as well as the medical faculty.

The seventh toast:

"The Press—The tongue of the world: may it never be silenced,"

was responded to by Mr. Theodore Tilton, of *The Independent.*

Mr. Tilton said that if the press was the tongue of the world, it might seem presumptuous in him to undertake to be the tongue of the press. He thought this toast ought to be answered by a woman. He said if any older man from the press had been present, he would not, as a young man, have risen; but the truth was but very few old men were connected with newspapers. He did not know anything that killed men off so fast as the press, except it might be the medical faculty. He said that, in his opinion, it was the chief glory of the press to be the mover in all new reforms. The press in the old world was sometimes silenced by the Government, but in this country the press silenced itself. The very newspapers that blustered about a war with England would cower at the sight of a cotton-bale, and skulk behind it. Mr. T's remarks were followed by a duet by two young ladies.

Mr. Dunham, in announcing the eighth toast, said that the "sweetest morsel came last." The toast was:

"Woman—The heart of humanity."

This was responded to by Prof. Dake.

After some more music, the meeting adjourned.

SECOND DAY'S PROCEEDINGS.

Morning Session.

The Institute met on Thursday morning, and was called to order by the chairman, at a few minutes past 10 o'clock. The minutes of yesterday's proceedings were read by the Secretary, and approved. On motion the special order of the morning was postponed, for the purpose of allowing B. F. Joslin, M. D., of New York, to read a paper on "Impurities of an Attenuating Liquid," which, on motion of Dr. J. P. Dake, was laid on the table for further discussion.

Dr. Bartlett's report on intermittent fever, which was the special order of the morning, was now taken up. Pending the discussion, the chairman announced the following named gentlemen as members of the Central Bureau: B. F. Joslin, M. D., New York; Wm. E. Payne, M. D., Bath, Me; J. P. Dake, M. D., Pittsburgh, Pa.; M. J. Rhees, M. D., Mount Holly, N. J.; E. Bayard, M. D., New York. Subsequently Dr. Dake declined serving, and C. J. Hempel, M. D., Philadelphia, was appointed to fill the vacancy. The following gentlemen, therefore, constitute the

Central Bureau:

B. F. JOSLIN, M. D., New York.
WM. E. PAYNE, M. D., Bath, Me.
M. J. RHEES, M. D., Mount Holly, N. J.
E. BAYARD, M. D., New York.
C. J. HEMPEL, M. D., Philadelphia.

The discussion of the main subject was now entered upon, and continued in an interesting and instructive manner by B. F. Bowers, M. D., New York; C. J. Hempel, M. D., Philadelphia; T. W. Donovan, M. D., Staten Island, N. Y.; Wm. H. Watson, M. D., Utica, N. Y.; N. H. Warner, M. D., Buffalo, N. Y.; I. M. Ward, M. D., Newark, N. J.; L. Clary, M. D., Syracuse, N. Y.; J. P. Dake, M. D., Pittsburgh, Pa; and F. R. McManus, M. D., Baltimore, Md.

DR. BOWERS, in opening the discussion, said there seemed to be a peculiar propriety in discussing this subject at this time, in this place, by this body. Circumstances, he said, of a public nature had occurred in this city, which made it proper that there should be an expression of opinion by the Institute on the treatment of intermittent fever.

Gentlemen standing high in the profession in the other school of medicine, in the adjoining city, have expressed opinions on this subject, here under oath, I will not say intended to deceive, but certainly calculated to mislead the public mind. They say in substance,

continued the doctor, that intermittent fever is easily and certainly cured by a few doses of *quinine;* and that any physician who fails thus to cure it in about a week or ten days, at farthest, is guilty of malpractice. This, said Dr. B., is not in accordance with the instructions I received as a student—it is not in accordance with my reading in the profession—it is not in accordance with my experience—it is not in accordance with the facts in the case. When the magnates of the profession, in the character of experts, advance such opinions, they should not be allowed to pass unnoticed. He said the injudicious indiscriminate employment of *quinine* produced almost an unimaginable amount of evil—the remedy is often worse than the disease. Patients linger out a miserable existence; or suffer and die from various affections thus produced. He knew a physician at the West, who, feeling impatient at the inconvenience attending a few paroxysms, determined to make short work of it, and took a large dose of *quinine;* in the very next paroxysm coma ensued, and death ended the disease. Dr. B. knew of an eminent physician and surgeon in the city of New York, who was hurried to his grave by *quinine*, given to break his chills. Innumerable instances might be cited where disastrous consequences unmistakably followed the employment of this drug.

Dr. Hempel coincided with the opinion of Dr. Bowers, that *quinine* is not adapted to all cases of intermittent fever. He found many cases of intermittent fever in the northwestern part of Michigan, where *quinine* seemed to be indicated, but could be cured only by *arsenicum;* and this he found it necessary to give in doses of one tenth, or one fifth of a grain, to be repeated every two or three hours during the apyrexia. These cases were characterized by great prostration; loss of appetite; sallow complexion; excessive headache; violent chills, followed by burning fever, and drenching perspiration; violent retching, and often vomiting of bile, attended with oppression and anxiety; there was either very little thirst during the chill, or else the thirst was burning and unquenchable, in which case drinking freely of cold water would excite vomiting of bile. Some severe cases of this character yielded to *arsenicum* 18; but as a general rule, he found large doses more reliable.

In the course of the disease, after giving *arsenicum*, he sometimes observed that œdema of the lower extremities would make its appearance instead of the expected paroxysm. He regarded this as simply a feature of the disease, and not a medicinal aggravation; and this opinion was confimed by the fact that the œdema yielded to a few more doses of the same remedy. He had often cured fever and ague, with *arsenicum*, 12 or 18, when the paroxysms had been suppressed for a time by massive doses of *quinine*, but had reappeared, as it often does from very trifling causes. *Ipecacuanha* 18 or 24 he had found efficient, when the paroxysms commenced with stretching and yawning; violent thirst during the chill; fever and sweat not corresponding with the violence of the chill; and when, during the chill, there was retching and sometimes vomiting. He always used *china* or *quinine* where the chill was attended with symptoms of congestion of the larger organs—the head, chest, abdomen,—causing headache; oppressive palpitation of the heart; violent cough, sometimes with spitting of blood; colic; backache, etc. In such cases the continued use of the first decimal trituration of *quinine*, during two or three paroxysms, would often cure the disease. In some such cases, however, he had been obliged to use from five to ten grains, dissolved in four ounces of water, giving the whole during one period of apyrexia. In a few cases only, had he succeeded in arresting the disease by *china* in attenuated doses. But he had found five or ten drops of the tincture sufficient to accomplish the purpose. Patients who had been treated unsuccessfully by other physicians, with attenuated *china*, he had cured with a few grains of *quinine*, dissolved in four ounces of water. He had also derived great benefit from the alternate employment of *aconite* and *bryonia*, in both the middle and lower attenuations, where, during the chilly stage, painful and alarming congestions were present.

Dr. Donovan agreed with the gentleman who preceded him, that *quinine* could not be relied on, as curative, in the treatment of intermittent fevers. He thought Homœopathists committed a very great mistake in going back to this treatment. He did not believe a disease so protean in its character, could be controlled by

any one remedy, in all its manifestations and he, therefore, regarded the administration of *quinine* for all varieties of intermittent fever, as not only irrational, but as highly empirical. He admitted that *quinine* given in sufficiently massive doses would usually break the chill; but there was no end to the list of drugs which had the same power. Strong coffee; spirits of turpentine; cayenne pepper; in fact he believed all agents capable of producing a strong impression on the centres of organic life, even strong mental impressions, would for the moment enable the vital forces to rally, and shake off the load that was upon them; and while this condition could be maintained, so long would the patient escape the recurrence of his chills. But could this impression be maintained by any course of mere stimulation? He thought not. Action was always followed by reaction; and every effort to goad the vital forces into a state of preternatural activity, was always followed by a corresponding state of depression. A proof of this was found in the *quinine* practice itself. No remedy stood so high in public estimation, as a means of breaking the chill, yet, he believed it was equally notorious that no remedy was less confided in for breaking up the entire disease. Were it otherwise—were *quinine* the panacea which some physicians, even of our own school, supposed, we should find it quietly enjoying its supremacy instead of yielding the palm to Deshla pills, and other nostrums which are now so generally resorted to. Dr. D. objected to *quinine*, not because it ceased to control the chills, as the system became accustomed to its stimulus; this, he thought, a matter of comparatively little consequence; but it was because the effects which it produced on the system, especially when given in large doses, were often of a serious character, involving organic lesions from which the patient never recovered. Some time since he had noticed an article in one of the old school journals, on the "abuse of *quinine*," in which were detailed several cases of fatal poisoning by the administration of this drug in large doses. He cited a case of his own, in which he had seen unequivocal mischief follow its employment. He was called to attend to a gentleman, who, after the recurrence of the third or fourth chill, became dissatisfied, and insisted on having *quinine*, which, as a matter of course, the doctor refused to prescribe. Indeed, as a conscientious physician,

he could not give it, in view of the evident constitutional tendency to disease of the chest. An old school physician was called, who prescribed *quinine* in large doses. The chill did not recur; but during the night the patient was seized with pains of a violent and tensive character near the *anus*. In due time a tumor appeared, attended by all the symptoms characteristic of a fistulous suppurative process. The pus at length, was discharged, leaving a fistulous opening, which he was called upon to treat; and which, after several months, he succeeded in mastering without an operation. Dr. D. believed the fistula averted more serious consequences, perhaps a fatal result. Another case came within his knowledge, where a gentleman continued the use of *quinine* for two years, without any other influence upon his disease than a temporary arrest of his chills; but his sight was seriously impaired by this long continued use of *quinine*. His friend, Dr. Bayard, had referred him to a similar case in his own practice, where the result was still more unfortunate; his patient—a lieutenant in the navy, having nearly lost his sight from the use of the drug. Engorgement and chronic enlargement of the liver and spleen, were, Dr. D. observed, frequently induced by the excessive use of this drug. He attended a clergyman eighteen months since, who suffered from violent colic, accompanied by swelling and tenderness of the spleen, for which the 6th and 12th dilutions of *china* were successfully prescribed. This gentleman was some months afterwards seized with vomiting of blood, and violent pain in the left hypochondriac region, where, on examination, the spleen was found again swollen and tender to touch: *china* was once more given, but in a higher attenuation than before, and with a like success. The pain and vomiting ceased, but were followed by severe chills and fever; for which the 100th and 200th attenuations of *arsenicum* were successfully prescribed. This patient had suffered some months subsequently with what was called mucus fever, for which he underwent the whole routine of allopathic drugging. Dr. D. had no doubt that the patient was indebted to excessive drugging for this latter disease.

In the treatment of intermittents, Dr. D. stated that he had been most successful with the high potencies. To insure this result, however, he thought it highly necessary that a careful analysis of

the symptoms should be made, so as to be sure of the remedy; and then not to repeat it as long as signs of improvement were obvious. In the commencement of his practice, he used the lower attenuations, but had not found them to answer so well. He had frequently seen the chill arrested by the crude medicine, or the 1st attenuation, as by *quinine*; but in such cases he had always found the same tendency to a recurrence, as in the *quinine* treatment. In such cases he thought the drug did not act homœopathically, but as a revulsive; and suggested whether a revulsive effect was not the more common operation of all crude drugs. He had found *arsenicum* of the 100th and 200th potencies, to be most invaluable in those cases where a long course of *quinine* drugging has been employed. *Natrum muriaticum* of the 30th attenuation was another admirable remedy. He had used it successfully where there were severe pains in the head and limbs, with eruptions about the mouth;—the symptoms requiring its employment resembling, in many respects, those indicating both *arsenicum* and *mercurius*. *Lachesis* also, he had found efficient in intermittents of females, where ovarian and uterine complications were present. Its sphere of action seemed to be between *belladonna* and *nux vomica*. There was another form of intermittent fever, of children, requiring other remedies. He had used *arsenicum* and *rhus tox*, and sometimes *ignatia* and *china* successfully. But he relied mainly on *rhus;* and generally gave it in the 100th attenuation. It proved most efficient. This form of intermittent he had found to be tedious and baffling, and liable to run into serious organic changes. He thought it important to recognize it early, and treat it promptly and efficiently. Miasmatic intermittents, Dr. D. continued, could not be, always, so promptly cured as one could wish. He believed these cases depended upon a poison in the blood, which it was necessary for the system to expel, or become accustomed to. When a patient was immersed in a malarious atmosphere, imbibing the poison at every pore, it was evident that fresh doses of the poison must be operating continually, to reproduce or continue the disease.

Dr. McManus here inquired of Dr. D. if he meant to be understood as expressing the opinion that a poisoned condition of the

blood was the essential cause of the disease; or of the alternate occurrence of chills and fever?

DR. DONOVAN replied that such was the opinion of modern pathologists, and such was his belief.

DR. MCMANUS then inquired, if such was the pathology of intermittent, what he considered to be the *rationale* of cure, with the 200th potency of *arsenicum?*

Dr. D. replied that he thought, in malarious intermittents, the most that could be done, was to aid the organism in maintaining its ground against the enemy. We could control the gastric symptoms, relieve the pains in the head and limbs, prescribe for any cerebral, pulmonary and abdominal complications that might arise, and, at the same time, moderate and shorten the febrile paroxysm, until the patient became accustomed to the malarious influences about him, when the morbid manifestations would cease to be developed. In the case above referred to, a single dose effected the end, which could rarely be accomplished without many. Why this result was arrived at in some cases, and not in others, he was unable to explain. If this view of the disease was correct, Dr. D. continued, it was evident that no suppression of it was possible for any length of time in vigorous constitutions. We might so oppress the vital powers, with our drugs, as to prevent it from reacting against its assailant, but the enemy would be still in the citadel, and when the drug had exhausted its action, the hostile forces would be again in the field contending for the mastery. By continuing these suppressions, we so overwhelmed the vitality of the system, that, at length, the only manifestations were, what is commonly known as *dumb agues.* It was for the profession, and the public, Dr. D. observed, in conclusion, to determine which was the safer and more rational mode of proceedure, to suppress by *quinine*, or follow the indications of nature, and give such remedies as would aid her efforts to conquer, or expel the enemy from her borders.

DR. HEMPEL wished to say, there could be no objections to high attenuations: but he thought there were cases when massive doses

were necessary—that is, *massive* according to the idea of homœopathic physicians; and especially in miasmatic districts.

DR. DONOVAN lived in a miasmatic region, and found no difficulty in controlling fever and ague with the high potencies. But great care must be used in selecting the remedy; it must be homœopathic in the true sense, otherwise failure must be the result.

DR. WATSON said that he had heard the remarks of the gentleman who had preceded him, (Dr. Donovan,) with the greatest pleasure, from the fact that his own experience in the treatment of this disease had been entirely at variance with that just related. When he first commenced practice he had used the high attenuations, but they entirely failed him. The only remedies on which he now relied in the treatment of fever and ague were *arsenicum*, *carbo vegetabilis*, *cedron*, *ipecacuanha*, *nux vomica*, *quinine*, *nitric acid*, *sabadilla*, *tartar-emetic*, and *veratrum*. He administered *belladonna*, *opium*, or other remedies, whenever they seemed indicated as intercurrent remedies for any complications of the disease. He also employed the above remedies in different attenuations, from the first to the third, and prepared on the decimal scale. He would here call the attention of his colleagues of the Institute to the fact that intermittents occasionally cease spontaneously after the third paroxysm, and still more frequently after the seventh or eighth, from which fact he thought we should learn that the *post hoc*, in medicine at least, does not necessarily always imply the *propter hoc*; and that therefore it became us to be very sceptical whenever the paroxysms cease, after the administration of the high attenuations; especially, if such cessation happens at any time previous to the occurrence of the eighth paroxysm; otherwise we may deceive ourselves, and attribute the cure of the disease to circumstances which bear no necessary relation to the arrest of the paroxysms.

As most of the remedies above mentioned are well known to the profession, and the indications for their use are accurately defined, he would only speak in closing of the *acidum nitricum*. The preparation of this remedy which he uses is the first decimal dilution

prepared from the *acidum nitricum purum*, or commercial *nitric acid.* He gives the patient a half ounce vial of this medicine, with directions to take six drops in a tumbler half full of cold water, and to repeat the dose every four hours, when not sleeping, without any reference to the occurrence of the paroxysms. It may be sweetened with loaf sugar, if desirable, and thus made very palatable, even for children, as it tastes almost precisely like lemonade. It has *never* failed, in his hands, to break the paroxysms in those cases to which it is adapted;—in most instances, there being no return of the chills, and in no case would the patient suffer from a third attack after commencing its use. The circumstances in which the remedy seems particularly adapted, are, when the disease occurs in individuals with *sallow* complexion, *dark hair* and of the bilious and lymphatic temperament, who are subject to *diarrhœa* and to derangements of the liver, and upon whose shins are frequently seen those *dark brown* discolorations, or *maculæ hepaticæ*, popularly known as liver spots. The patient often, also, exhibits a merry delirium, during the paroxysm. It is still more appropriate if *mercury* has been previously administered to the patient in allopathic doses.

In treating intermittent fever, Dr. W. remarked, it should also be remembered that the paroxysms are very liable to recur; and it is from inattention to this circumstance, he thought, that physicians often fail to permanently cure the disease. In most cases, the first recurring chill shows itself at the end of one of the septenary periods, either seven or fourteen days from the occurrence of the last paroxysm. This tendency is usually very regular in each case. All, therefore, that is necessary, is to commence administering the *acidum nitricum*, or other appropriate remedies, about two days before the period of expected relapse, and use it for three days, in the manner which is found necessary to arrest the disease when fully formed. This system of anticipation, Dr. W. thinks, should be perseveringly continued at each septenary period, for two months, after which time there will be no further danger of relapse.

By the aid of the above remedies administered in the lowest attenuations, Dr. Watson has never failed in curing intermittent

fever, and feels confident that were it adopted by the profession, this disease would soon cease to be the opprobrium of our school.

DR. WARD wanted to hear all views of the question; he was glad to learn from those who lived in miasmatic regions. He had some experience himself, and had often failed in these cases. He, at one time, used *quinine*, but from failures, and disastrous consequences arising therefrom, he had abandoned its use altogether. He now used *arsenicum* with the best effects—it is now his main remedy. But in some cases he found unequivocal advantage in the use of *natrum muriaticum*.

DR. MCMANUS inquired of Dr. Ward, if it was his opinion that the primary cause of these fevers was a poisoned condition of the blood—if he believed there was a miasm imbibed, and thus contaminated the blood; or whether, in his opinion, the miasm made a certain impression upon the nervous system, and thus induced the disease, without poisoning the blood?

DR. WARD thought it was an impression of the miasm upon the nervous system.

DR. CLARY had found fever and ague difficult to treat. He did not succeed with them as he wished. Had cured many cases with the remedies generally employed in homœopathic practice; but in other cases the results were unsatisfactory. He hoped the subject would be thoroughly discussed by the gentlemen present. He, for one, wanted more light. It seemed to him that we need a wider range for the selection of remedies. If any new remedies are known to individual members of the profession, he would like to know what they are.

DR. MCMANUS said he considered intermittent fever to be *primarily* a neuralgic condition; and *secondarily*, an organic one. While the disease was assuming the chronic form, the alternate action and reaction in chill and fever, gave rise to internal organic congestion, particularly of the liver and spleen; and indeed, in all the internal organs, but particularly those which were highly vascular.

Where such organic congestions occurred, it was necessary to continue a proper treatment, to remove or cure such conditions after the chills and fevers had been arrested. He considered intermittent fever one of the easiest of cure which we had to contend with, but the most difficult to select a remedy for. The great secret of cure was to be found in the applicability of the remedy selected. The matter of the *attenuation* of the remedy was not, in his opinion, one of so much importance as its specific applicability. This has been satisfactorily established by the testimony of several members, some of whom report cures from the lowest, and some from the highest potencies.

Dr. McManus then referred to a case in which he had given a series of remedies, and which had resisted them all; and, was cured by his son, with six doses of *ignatia* 30, given at intervals of two hours, in the apyrexial condition, and was cured thoroughly, no recurrence having taken place. *Natrum muriaticum* he considered one of the most valuable remedies in intermittent fever. It applies to cases where the paroxysm comes on generally about 10 o'clock, A. M., the chill attended by violent headache and great sleepiness, and the fever attended by great headache;—epigastrium very sensitive to the slightest touch.

Dr. J. P. Dake did not live in a district where the peculiar causes of intermittent fever prevailed. He was anxious to hear the views of those members who practice in miasmatic regions.

Possessing, he said, as we do, by far the greater portions of the earth over which this disease has range, it seemed to him peculiarily a duty of the Institute to furnish the world with the fruits of its experience in the treatment of this disease. He was happy to hear an interchange of views, not only upon the remedies employed, but likewise, upon the size of doses.

For his own part, he would say, that the lowest attenuations had proved themselves in his practice, less efficient than the higher.

One case he would mention, in which the symptoms indicated *arsenicum*. He gave that remedy at the sixth, third, and even thirtieth degree, and all without apparent improvement.

He then gave *arsenicum* at the 200th degree,—one dose, and there was not another chill for two weeks. The dose repeated removed finally all traces of the disease. Generally, he had found the 6th, 12th and 30th degrees of remedies, the best in chills and fever. While, in his own mind, there was no doubt of the superiority of these degrees for cases occurring, or rather under treatment, in districts where the peculiar causes of the disease do not exist, he was not prepared to say that more massive doses were never needed in other and less healthful regions. But he was fully satisfied that he who employed *arsenicum* at a lower degree than the third decimal, did so at the risk of doing much harm, and without a reasonable prospect of traversing, with his remedy, the fine recesses of the organism occupied by the attenuated, yet potent marsh *miasma.*

There was another point to which he wished to call attention; that was the too great, or rather, too exclusive attention usually given to the *paroxysms* in intermittent fever. There are other features of the disease as important as the chill, fever and sweat, which the physician must observe in selecting his remedy. He never allows his patients to suppose that he is seeking simply to "*break the chills;*" but takes especial pains to show them the importance of having the stomach, liver and nervous system in an improved condition, also. The chills are often suppressed, and the parts named left in a very unhealthy condition, by massive doses of drugs.

He would also like to hear from the members, some account of their observations and treatment, in affections which are characterized only by periodicity; having their origin in common with intermittent fever but yet attended with no chills or fever. Our country, he said, seems full of such affections, and they are not always easy of removal. He had spoken, not to give, but rather to elicit information upon the important subject under consideration.

Dr. Warner said he had had a good deal of practice with this disease. Had treated it allopathically for nine years: since that time, however, he had found Homœopathy sufficient to cure all cases that came into his hands. He relied wholly upon the high dilu-

tion. He used *quinine* when the chills and fever came together. *Natrum muriaticum*, and *arsenicum*, had proved very successful in his hands.

Dr. McManus' experience agreed very much with that of Dr. Warner, except so far as the high attenuations are concerned. He thought there was no disease easier to cure, if the remedy was selected with care, and strictly in accordance with the homœopathic law. He did not think that physicians were careful enough in the selection of remedies, or in their adherence to the rules laid down by Hahnemann. The degree of attenuations he did not think of much importance, provided the remedy was well selected.

Dr. Ward inquired of Dr. McManus why *ignatia* was selected in the case to which he referred.

Dr. McManus replied that thirst during the cold stage, and absence of thirst during the fever, were the indications followed in its selection. He would regard the presence or absence of thirst, during the several stages of intermittent fever, an important, if not an infallible guide, in the selection of remedies.

On motion, the Institute now adjourned to 3 o'clock, P. M.

Afternoon Session.

The Institute reassembled at 3 o'clock, and was called to order by the chairman.

On motion of Dr. McManus, the Institute voted to hold its next annual meeting in the city of Boston, on the first Wednesday of June, 1859.

The last annual report of the American Prover's Union, with the constitution and by-laws, were received. The report was read by the Secretary; and on motion was ordered to be placed on file, together with the accompanying documents.

The Chicago Homœopathic Society reported its proceedings of the past year. This report exhibited a commendable degree of industry and energy on the part of the physicians of the Chicago Society—

eminently worthy of imitation by other Homœopathic Societies. The proceedings of the second annual meeting of the Illinois Homœopathic Medical Association, accompanied this report. On motion, both documents were ordered to be placed on the files of the Institute.

A report was received from the New Hampshire Homœopathic Medical Society, accompanied with the constitution and by-laws of the same. The report was read by the Secretary, and on motion, was ordered to be placed on file, with the accompanying documents.

A communication was received from Dr. Ludlam, of Chicago, on the *Endemics of Illinois and the Northwest*, which was read by the Secretary, and, on motion, referred to the committee on publications. [See Appendix X.]

A communication was received from Dr. Gallupe, of Bangor, Me., detailing the treatment of two cases of Epilepsy, which was read by the Secretary, and referred to the committee on printing. [See Appendix XI.]

On motion of Dr. Clary, the Treasurer was directed to pay to Dr. A. S. Ball, of New York city, the sum of fifty dollars, the amount of his alleged claim on the Institute, and take Dr. Ball's receipt therefor, in full.

F. R. McManus, M. D., chairman of the committee on the Treasurer's account, made a report of approval, which was accepted by the Institute; and the demands therein, against the Institute, were ordered to be paid. [See Appendix XII.]

J. P. Dake, M. D., chairman of the committee on the selection of subjects to be reported upon at the next annual meeting of the Institute; and the designation of the committees, offered the following report which was unanimously adopted:

Committees on Scientific Subjects.

C. M. DAKE, M. D., Genesseo, N. Y.,
Anæsthetic Agents; their use and abuse.

J. P. DAKE, M. D., Pittsburgh, Pa.,
Water as a therapeutic Agent.

I. M. WARD, M. D., Newark, N. J.,
Mechanical Supports, in the treatment of disease.

G. E. SHIPMAN, M. D., Chicago, Ill.,
Parasites, in connection with disease.

E. A. GUILBERT, M. D., Dubuque, Iowa,
Chest Diseases; their diagnosis and treatment.

G. W. SWAZEY, M. D., Springfield, Mass.,
Medical Dynamics.

B. F. JOSLIN, M. D., New York,
D. M. DAKE, M. D., Pittsburgh, Pa.,
Combinations of Potencies.

T. W. DONOVAN, M. D., Staten Island, N. Y.,
Intermittent Fevers.

N. H. WARNER, M. D., Buffalo, N. Y.,
Influence of bi-carbonate of potassa, tartrate of potassa, and carbonate of soda, in articles of diet.

W. H. WATSON, M. D., Utica, N. Y.,
Phthisis Pulmonalis.

T. W. DONOVAN, M. D., Staten Island, N. Y.,
Diabetes.

J. L. SULLIVAN, M. D., of New York, communicated a paper, embodying a plan for the establishment of a "Homœopathic Hotel."

On motion, the communication was received, and ordered to be placed on file.

A letter was received from Isaac James, M. D., of Bustleton, Pa., asking the Institute to release him from the payment of his annual dues, on account of advanced age, and retirement from practice. On motion, Dr. James' request was granted.

F. R. McMANUS, M. D., called for the report of the committee appointed at the last annual meeting, to prepare a diploma for the members of the Institute. No response to the call being made, on motion of Dr. Gardiner, the committee was discharged.

On motion, Dr. McManus was chosen a committee, with instructions to prepare a diploma, and present it at the next annual meeting of the Institute. The committee asked to be instructed as to whether the diploma should be printed in Latin or English. After much discussion—some members advocating the one, and some the other, without agreement, it was finally decided to submit the choice of language to the judgment of the committee.

The Treasurer called the attention of the Institute to the fact that several members are in arrear as to the payment of their annual dues; and urged that the publication of the proceedings must be abandoned, unless such dues are promptly paid: whereupon, Dr. McManus offered the following *resolution*, which passed unanimously:

Resolved: That the name of every member, who shall not have paid his annual dues of one dollar by the first of September proximo, shall be published in the proceedings of the present session, with the amount of their indebtedness; and that a copy of this resolution be forwarded, immediately, by the Treasurer, to each delinquent member.

On motion of Dr. McManus, the Institute voted unanimously, to print in the proceedings of the present year, the report of Dr. Warner, on *Cholera*, which, though presented at the last meeting,

by some oversight, was not included in the proceedings of last year's session. [See Appendix III.]

On motion of Dr. Dake, the report of Dr. Bartlett, on *Intermittent Fever*, was taken from the table, and ordered to be printed. [See Appendix IV.]

On motion, the report of Dr. Payne on *Alternation of Remedies*, was taken from the table, and ordered to be printed. [See Appendix V.]

The report of Dr. Ellis, on the *Scale for preparing Homœopathic Medicines*, on motion, was ordered to be printed. [See Appendix VI.]

On motion, Dr. Dake's report on *Evacuants; their physiological and therapeutic relations to the human system*, was ordered to be printed. [See Appendix VII.]

On motion of Dr. Payne, the paper of Dr. Joslin on the *Effects of impurities in attenuating liquids*, was ordered to be printed. [See Appendix IX.]

E. Clark, M. D., of Portland, Me., offered the following as a standing resolution, which was unanimously adopted:

Resolved: That all papers received by the Institute, which are ordered to be placed on file, be referred to the permanent Secretary, to be used as he may think proper, in making his report of the proceedings of our annual meetings.

A communication was received and read, from F. R. Moore, M. D., of Pittsburgh, asking the Institute to reconsider its act of the last session, whereby he was expelled from the association. After some discussion, it was moved and voted to appoint a committee to investigate the whole subject, and report at the next session. Dr. Clary of Syracuse, N. Y., Dr. Manchester of Pawtucket, R. I.,

and Dr. Wood of Westchester, Pa., were appointed, and therefore constitute the committee.

UNFINISHED BUSINESS.

A communication from ISAAC COLBY, M. D., of Concord, N. H., on *Cold and Heat as therapeutic Agents*, was presented to the Institute. In view of the brief period remaining, and the lengthiness of the paper, it was moved by Dr. McManus, and unanimously adopted, that the communication be received, and filed by the Secretary with the unfinished business, to be disposed of at the next annual session of the Institute.

W. E. PAYNE, M. D., proposed the following amendment of Article IV. of the Constitution of the American Institute of Homœopathy, which, in accordance with a provision of the constitution, was laid over for consideration, at a future meeting.

Proposed Amendment.

The officers of the Institute shall be a President, a Vice President, a General Secretary, a Provisional Secretary, and a Treasurer, with such other officers as shall be designated by the by-laws, to be chosen at such time, and in such a manner, and for such period, and with such duties as those by-laws shall ordain.

The chairman appointed the following named gentlemen a committee of arrangements for the next annual meeting of the Institute, viz.: Samuel Gregg, M. D., Wm. Wesselhoeft, M. D., L. Macfarland, M. D., and David Thayer, M. D., all of Boston, Mass.

F. R. MCMANUS, M. D., of Baltimore, was appointed to deliver the next annual Address, and S. S. Guy, M. D., of Brooklyn, his alternate.

On motion of Dr, McManus, the thanks of the Institute were presented to Dr. J. P. Dake, for his interesting, and eloquent address; and a copy requested for publication with the proceedings.

On motion of Dr. Dake, the thanks of the Institute were proffered to the physicians of Brooklyn, for their kind hospitality towards its members during the present session.

The thanks of the Institute were unanimously voted to Dr. Smith for the able and impartial manner in which he presided over its deliberations; and also to the Secretary and Treasurer for the able and efficient performance of their respective duties.

The Institute then adjourned to meet at the time and place above designated.

W. E. PAYNE, M. D., *General Secretary.*

CHARITY IN MEDICINE.

AN

ADDRESS,

Delivered at the Fifteenth Annual Session of the American Institute of Homœopathy, held in the city of Brooklyn, June 2d and 3d, 1858.

By J. P. DAKE, M. D., of Pittsburgh.

It is natural for men, born with various capacities, and educated under circumstances and in ways widely different, to arrive at conclusions touching the same thing which are very unlike each other, and often very contradictory.

This truth shedding its light along the religious and scientific pathway of man, should have prevented the dark shades of persecution from ever falling upon the page of history, and it ought now to chase the frowns of intolerant bigotry from every face.

Offsprings of a common parent, endowed with equal rights and erring all, it becomes each, while pursuing that which he deems right and best, to extend the charity that "suffereth long and is kind," to all his fellows.

Nor should the exercise of this ennobling virtue cease, till in the bright day, yet to dawn, the phrases "I think" and "I believe," shall be swallowed up in that final and everlasting phrase, "I know."

But mistake me not. The charity I commend requires no man, through deference to the great of times gone by, or to the great of this generation, quietly to fold his arms and sit down beneath the shade of trees which they have planted, as though it would be

sacrilege for him to attempt improvement; nor does it ask a compromise of truth or an abandonment of principles rightly deduced from facts.

It is a charity, that, springing from a realization of the natural and educational diversities of men, and from a view of the improvements made upon the works of one generation by the succeeding, causes us to acknowledge the possibility of future discoveries and improvements than we, in our generation, have been able to make.

This liberality, always scarce among the votaries of Medicine, has seemed to be no element in the character of those who have opposed the progress of Homœopathy.

Though Hahnemann had little to expect from a school that had persecuted a Harvey for daring to discover the circulation of the blood, and a Jenner for the introduction of vaccination, he did expect and was disappointed that he did not receive some credit for the honesty of purpose and scientific attainments, which before, had always been accorded to him.

When he discovered a general principle or law of cure, and entered upon the labor of constructing a system of practice upon it, he encountered extraordinary opposition. His pathway was swept with blasts of fierce denunciations, calculated to divest him of all his fair fame. He was no longer the learned linguist, the expert chemist, or the eminently wise physician, but the unlettered and foolish visionary.

Though possessed of uncommon magnanimity and moderation, and though he seldom ceased his great life-work to notice those who slandered him, his mighty heart, weighed down with the burden of injustice, now and then sent forth its defensive shafts, that, as the scathing lightning, went not in vain.

We, who have grown up under the more genial influences of a free country, and in an age wherein the sciences have free course, can hardly realize the circumstances amid which our infant art was born, and the trials through which its parent, guardian, and early friends, were compelled to pass.

Invectives, bitter as jealous minds could dictate or pens dipped in gall describe, were tame, compared with the means employed

to prevent Hahnemann's development and practice of Homœopathy. When words were not sufficient, and every falsehood failed to check his progress, the arm of the law was brought to bear against him, till he found himself forced to abandon either his beloved Leipsic, or, what was yet more dear to him, his own great healing art. Upon Leipsic, with all its endearing associations, he therefore turned his back and journeyed to a rural town, in which a friendly Prince had offered him a home. Though thirty years afterwards Leipsic erected with civic honors, a statue of him she banished, her deed of persecution could not be undone, nor he called back to his fatherland, who had gone to "that undiscovered country from whose bourne no traveler returns."

Among the many writers who have appeared in opposition to Hahnemann and his system, I know of but two that have evinced anything like charity, or even a becoming degree of modesty. They were Hufeland of Germany, and Forbes of England.

The illustrious Hufeland, justly styled the "Nestor of Medicine," in the ripeness and wisdom of age, and after observing Homœopathy for a quarter of a century, gave the world his views of its character and tendencies.

No sooner did those views appear, than he was assailed as a convert to the new medical faith.

Three years elapsed, and in answer to his narrow minded accusers, as well as in further justice to an injured cause, he wrote again, and in these words:

"The first thing that induced me to state openly my position in respect to Homœopathy, was that I considered it wrong and unworthy of science to treat the new doctrine with ridicule and contempt.

"It is in my nature to lend a helping hand to the persecuted. Persecution and tyranny in scientific matters are especially repugnant to me; here we should meet with only liberty of thought, thorough investigation, rational refutation, mutual respect, and rigid adherence to the subject, but no personalities.

"In addition, there was the esteem which for many years I have entertained for the discoverer, and which I owed him for his former writings and his important services to the medical art; and, besides,

the names of several estimable and unprejudiced men who testified to the truth of the system; I need only allude to the President Von Wolf, of Warsaw, the Medical Councillor Rau, of Giessen, and the Medical Councillor Windemann, of Munich.

"In the course of time, I myself, had opportunities of observing several cases successfully treated by the employment of Homœopathic remedies, which must necessarily have drawn my attention to the subject, and convinced me that it was worthy of a careful investigation.

"Added to all this were my principles and my general mode of thinking in reference to the medical art. 'Prove all things; hold fast that which is good,' is, and will ever be the first commandment in all sciences, and in medicine especially."

What nobleness of soul! The name of this wise and good old man, embalmed in his exalted charity, shall be handed down to generations yet unborn. Rising above the prejudices of early education, the fetters of professional pride, and a fear of those who scoff at what they do not comprehend, he stood a solitary, yet true and sublime example of what a medical man should be.

Though never allowing himself fully to embrace Homœopathy, and though feeling called upon rather to oppose some of its teachings, he did not forget to show himself always a gentleman and a scholar. How different his spirit and style from those of a Simpson, a Hooker or a Holmes!

Twenty years after the appearance of Hufeland's first essay, another writer, one foremost in the faculty of England, broke the long line of orthodox anathemas by venturing some favorable notice of Hahnemann. That writer was Sir John Forbes, at present physician to the Queen's Household.

In his essay upon "Homœopathy, Allopathy, and Young Physic," we find the following language:

"Hahnemann was undoubtedly a man of genius and a scholar; a man of indefatigable industry, of undaunted energy. In the history of medicine his name will appear in the same list with those of the greatest systematists and theorists; surpassed by few in the originality and ingenuity of his views, superior to most in having substantiated and carried out his doctrines into actual and most ex-

tensive practice. By most medical men it was taken for granted that his system was one, not only visionary in itself, but was the result of a mere fanciful hypothesis, disconnected with facts of any kind, and supported by no processes of reasoning or logical inference; while its author and his apostles and successors were looked upon either as visionaries or quacks, or both. And yet nothing can be further from the truth. And it is but an act of simple justice to admit that there exists no grounds for doubting that Hahnemann was as sincere in his belief of the truth of his doctrines as any of the medical systematists who preceded him, and that many, at least, among his followers have been and are sincere, honest and learned men.

"That there are charlatans and impostors among the practitioners of Homœopathy cannot be doubted; but, alas! can it be doubted any more that there are such among the professors of orthodox physic?"

No sooner was this essay circulated than a storm of indignation, gathering from every part of the kingdom, burst upon the head of Forbes. He had committed an almost unpardonable sin, and was looked upon as no longer fit to dwell in the temple of Æsculapius. The *Lancet* roared out: "We brand the sorceries of Dr. Forbes as vandalisms, striving to place their heavy heel upon the neck of genuine science;" and all the lesser organs took up the song and bore it onward, till its echoes, coming over the Atlantic, were heard along our shores. Who of us did not hear the refrain of that song? and who has forgotten its closing startling words—"Forbes is crazy, Forbes is mad?"

Exercising the charity for which I plead, we must not think or speak too harshly of those who fell so heavily upon Sir John.

They had never seen, in all their medical literature, at least for twenty years, any other representation of Hahnemann than as a madman or a fool, and of his system, than as a tissue of fancies and falsehoods; and during the same time they had been wont to regard the opinions of Forbes as the wisest exponents of orthodoxy. When, therefore, he came out with a favorable view of the character and abilities of Hahnemann, and of the resources of his system, it is not strange they thought him crazy. But to Him, who

alone may pardon the sins of such as through feelings of pride or self-interest oppose the truth, I leave those, who, sooner than admit for a moment what is true of Homœopathy, have been willing to sink the name and works of Forbes in the deepest oblivion.

Twelve years have gone since the last manly tribute, to the character of Hahnemann, and the merits of his system, has appeared in an orthodox journal or from a yet orthodox pen. The old line of opposition, stronger and yet more desperate during that time, has been varied only to suit the laws and customs of different countries; while its range of means has been, from a wise shake of the head, or a significant grin, up to fines and imprisonment. I may mention here but one of the more enlightened and *scientific* of those means, the expulsion from the fellowship of old societies and colleges of physicians and surgeons, of all such as forsake the beaten track of medical practice. But, alas, for the efficiency of this means, the recreant fellows, already in better quarters, laugh when the news of their expulsion comes, and sing out,—

"Banished! What's banished, but set free from the daily contact of things I loathe?"

Being more especially concerned in the progress of Homœopathy in this country, it falls to our lot more particularly to notice the spirit and measures here in operation against it. Besides the articles misrepresenting Homœopathy, which have appeared in the American journals of medicine, there have been newspaper attacks, lectures, pamphlets and books, almost without number, all partaking of the same spirit and style.

The assertions made, and the sophistries used in these, have generally met with prompt replies and full exposures; so that I have no need specially to notice them here. Suffice it to say, not one of them has ever shown its author to be at all akin to Hufeland or Forbes.

But I must not leave the written testimonials of the opposition, without bringing to your notice an item, full, not only of illiberality, but also of gross injustice; one that meets the medical man, the student, and him who simply looks to find the meaning of our name. In Dunglison's Medical Dictionary, published in Phila-

delphia, the term Homœopathy is thus defined: "A fanciful doctrine, which maintains that disordered actions in the human body are to be cured by inducing other disordered actions of the same kind; and this to be accomplished by infinitessimally small doses!" Not content with asserting the falsehood that Homœopathy employs necessarily "infinitessimally small doses," he must, at the outset, prejudice the mind of every inquirer by the insertion of his epithet "fanciful."

He did not say to some member of the new school, some man of learning—such as Philadelphia has many of—"Here, sir, I am about to issue a medical dictionary, and am anxious to give reliable information and do justice to all; will you please give me, in few words, a definition of Homœopathy." No, no,—his professional dignity would not allow that; and to pass over the subject, would render his work incomplete. So he fixes up the definition which I have read, and which, in the eyes of intelligent and impartial people, will, every year, cause his dignity to loom up more and more as a sublime farce, and his claims to the rank of a correct lexicographer to dwindle away so infinitessimally small as to be far beyond the reach of even microscopical observation.

But, in order that you may see yet more of the illiberality and injustice exercised towards the practitioners of Homœopathy in this country, and especially that you may realize the inconsistencies into which that exercise has led the orthodox school, I must take you into the very theatre of every-day life, into the ways and by-ways of medical practice.

Here is a Homœopathic Physician, just located in a thriving town. The members of the old faculty, ten or a dozen in number, observe his coming without any apparent emotion.

Having obtained all the information they possess in regard to the system the stranger essays to practice, from Dunglison's dictionary, and such books as have been written by Simpson, Hooker and Holmes, they smile as they see him pass along, and as they picture out in imagination the results of his "fanciful doctrine" and "infinitessimally small doses" A few months pass, and he has succeeded in curing up several cases abandoned as hopeless

by the other physicians; and as a consequence there is no small stir among all the other hopeless invalids of the town. The old physicians hearing of his success, and how this one and that one among their old patrons are visiting his office, begin to assume a different expression of countenance. One of them, meeting an old patient whom he has drugged all but to death, and who is making trial of the new practice, exclaims, "Why, aunt Polly! I thought you were getting fat on the sugar pills; but really, you look worse than I have seen you for many a year." They part, and aunt Polly goes homeward with a less cheerful step, thoughtfully repeating to herself "sugar pills," "look worse." Though she had thought herself improving day by day, the speech and laugh of her former physician prevent her returning ever to the stranger.

Another of the faculty, meeting a business man, long treated by him in vain for dyspepsia, and who had been visiting the Homœopathist, cries out, "Ha! my good fellow, so you are trying the sugar pills. Wonders will never cease. When the new doctor cures you up, I will give him a long credit mark." The business man, however, is not deterred from further treatment; and in a few months, having recovered his health, meets his old physician again. The doctor talks of the state of the weather and politics, but never a word about the gentleman's health. His attention being purposely called to the last subject, he sagely remarks, "There is much in proper diet, as I have always told you. This stranger is doing much good by his strict rules of diet; but let him have some bad cases of acute disease and you will see how little he can do. Something more than change of diet will be needed then." Not long after this conversation, the town is visited by a severe form of scarlatina, and the new doctor has a number of cases, all of which he succeeds in curing. The business man, already noticed, has had three children very ill with it, but now all well again. Meeting his old physician one day, he says, "Well, doctor, what have you to say now? My children were at the outset, as bad with scarlet fever as any others in the neighborhood, and yet mine have recovered, taking nothing in the shape of medicine, except what you call 'sugar pills,' while quite a number of the others under the old treatment have died." "Well, sir," says the doctor,

"I think yours must have been very mild cases. The fact is, my friend, entirely too much medicine has been given hitherto. I am fully satisfied that nineteen out of every twenty cases of disease, whether acute or chronic, would recover if left entirely alone."

But notwithstanding all the talk about "sugar pills," "regulated diet," and the wonderfully recuperative tendencies of nature, Homœopathy spreads. The complacent smiles of the old faculty have changed to a sarcastic grin, and from that to frequent frowns of marked displeasure. They are often heard to say of the new school, "it's a humbug;" of its practitioners, "they are quacks and knaves;" and of its patrons, "they are fools." Their equanimity becoming yet more disturbed, and their perceptions greatly mixed, they talk of things which others see not, and incoherently, as one who "wanders in a fever." One moment they are heard to say, "the homœopathic doses are harmless sugar," and the next, "they are most concentrated and deadly poisons." Now they tell how many bottles full of the pills they have swallowed at once, and a moment after, how a few of the pills caused the death of a man in a distant city. To-day they admit the practice is good for children and nervous women, and to-morrow deny that it is good for anybody or anything. At one time they call its doctrines Spiritualism, and at another Materialism; now Infidelity, seeing a God nowhere, and anon Pantheism, seeing a God everywhere and in every thing.

On one occasion they proclaim their willingness to "let it have its day," like all other humbugs that have finally exploded themselves; and on another, with might and main, they strive to get legislatures and coroners' juries to put an official *ban* upon it. One day they long to meet its advocates before a public audience that in argument they may bring them down, and the next, when challenged to an open and fair discussion, they skulk away behind some paltry pretext, doubtless repeating to themselves:

> "He that *never* fights, but runs away,
> "May live and *talk* of fight another day."

Now they appeal to the intelligence of the people to put the humbug down, and again stoutly maintain that the people have

neither the ability or the right to express opinions upon the grave subject of medicine.

At home they constantly assert that the new practice is declining, while at every society meeting they pass strong resolutions to check the *alarming* spread of this popular quackery.

In moments of more than ordinary composure and candor, they say, Homœopathy cannot bear the light of practical comparison, and even go so far as to express a wish to see an official trial of it; but the moment it is proposed to bring it alongside of the old practice in a hospital, they gather their forces and would move heaven and earth to prevent it.

But why longer gaze upon this sickening sight of human frailties and depravity? In the spirit of charity let us drop the curtain without a comment.

Turning from the contemplation of faults in others, let us see to it that the same be not found in us.

Though belonging all to one school, we are men differing in capacities and ways and degrees of education, and must consequently sometimes view the same points differently, and arrive at conclusions among ourselves not altogether harmonious.

Assembled as we are for the improvement of the science of medcine, it becomes us to survey the ground whereon we stand, in order to determine in what we must agree and in what we may differ, and yet together labor well in this great undertaking.

The fundamental law of cure discovered by Hahnemann, and expressed in the terms, *similia similibus curantur*, is the essential bond of our union. Obedience to this law, while it distinguishes us from the empiric and the theorist, holds us together in a school such as the world has never seen before, and such as must endure till the statutes of nature's kingdom are repealed. I speak thus, confidently believing that Newton's law of gravitation is no more a faithful generalization of the facts connected with moving bodies than is Hahemann's law of cure—of the facts pertaining to the curative action of medicines.

As a system of philosophy, built upon Newton's law, overturns all opposing systems and stands forever, so I believe, a system of

special therapeutics, founded on Hahnemann's law, will supersede all other systems of cure, and remain till the end of time.

That it may be clearly understood what I mean by obedience to this law, I will explain.

Every medicine employed in the cure of a disease, necessarily bears a certain relation to it, and accordingly as that relationship is one of opposites, dissimilars or similars, a remedy is said to be antipathic, allopathic or homœopathic.

For example, in a case of inflamed eyes, the application of cold water is antipathic, because it has a tendency to produce a condition of the eyes immediately opposite to that existing. The application of a blister on the back of the neck is allopathic, because it produces an irritation or disease, in locality, if not in kind, altogether different from that existing; while the application of warm water to the eyes is homœopathic, from the fact that it has a tendency to produce primarily a condition similar in kind as well as locality to that to be overcome.

Though it is not my object here to discuss the superior claims of Homœopathy, I may pause to name some of its advantages.

1st. Acting only upon the parts diseased, it never gives rise to other and often far worse affections in parts before perfectly healthy.

2d. Acting upon the same parts and in a manner similar to that of the disease, the reaction excited by it is always in the direction of health. In the case of inflamed eyes, while the cold application at first cools and soothes, it surely provokes a reaction in which the heat and pain are greater than before.

The blister on the back of the neck, while it may temporarily divert the disease affecting the eyes, does not permanently remove it, but rather adds another burden to the already overburdened powers of nature: while the warm water, though it may momentarily increase the heat of the eyes is succeeded by a reaction at once cooling, soothing and permanent.

All of us, then, who in the administration of medicines select in each case such as are known to produce conditions similar to those to be removed, render obedience to the homœopathic law, and are fellows in the universal school, at the head of which stands the immortal Hahnemann. Nor is that fellowship destroyed,

though we may theorize in various ways in our efforts to explain our method of healing.

As it makes no difference in the genial influences of the sun, whether we say they come to us in minute atoms, in waves of ether, or in currents of electricity, so it matters nothing to our law or to our practical harmony under it, how we may attempt to account for the relationship it points out.

Here begins the necessity for the exercise of charity among ourselves.

In the spirit of true science we must accord to every one the right to philosophize to suit himself; and though he may conjure up what to us may seem absurd, and what may, for a time, mislead those who from the outside look upon our system, we must show to him our toleration.

And since our knowledge of the means to be selected from, in prescribing for the sick, has to be obtained by experiments upon ourselves and others in health, and by a study of many books, we must allow every one to pursue his own course in the matter, so that he only learns the positive and uniform effects of medicines. And the widest latitude must be allowed to all in reference to the size of doses.

He is as truly a homœopathist who uses the 3d and 6th as he who uses the 30th attenuation; and he that uses from the mother tincture up to the 200th, is no more and no less a homœopathist than either of the others.

The idea sometimes entertained, that we must be divided into opposing factions, because some prefer more and others less attenuated doses, and because some are more strict than others in matters of diet, is all a whim.

The time has not yet come for us to fix definitely upon the necessary or the ultimate degrees of attenuation or development that should be observed in the preparation of each medicine, nor the particular degree in the scale, at which we must, in each case, select our dose.

The gathered fruits of long and careful experience alone can settle these questions.

Nor is this all. We have much to learn of those influences

which, operating upon our patients from without, may assist or hinder the action of our remedies. The climate in which they live, the seasons of the year and states of the weather, their dwelling places, their occupations and their habits, all must come under our special observation before we can feel that we have approached the end of duty.

And though we have a therapeutic guide, and the means pointed out by it, and are able to direct all things to our satisfaction in the treatment of those affections which require dynamical agencies, we are yet far from being thoroughly furnished for every emergency in the practice of the healing art, till we have studied well the nature and uses of various surgical or mechanical means, and become acquainted with antidotal measures such as chemistry may suggest.

And when we are able to practice well the healing art, we still have much to learn of the sanitary measures needful in the preservation of health and prevention of disease.

Who of us can contemplate the magnitude of these undertakings, or the necessity that calls for them, without gathering up his energies for new and greater efforts.

The object of this Institute, as its constitution declares, is "the improvement of the science of medicine," not in one department merely, but in all.

It undertakes, by combined efforts, to accomplish what no one member could accomplish by himself. Dividing up its work, committees are appointed who are to go out in search of the objects I have named as for hidden treasures.

At the end of each year they return with reports of progress, or of works accomplished, which they lay upon our table as the property of all.

Here then is a special occasion for the exercise of charity. In these fraternal undertakings, if one should chance to cry out "Eureka," when, instead of gold he has discovered but shining sand, it becomes us to hear him patiently, give him credit for industry, and await the day when his gathered articles shall be put in the crucible.

Then he shall discover his own mistake, and with greatful feelings for the indulgence of his fellows, apply himself more carefully to his work.

Or if another, on account of peculiar genius and education, has preferred to seek his objects in ways different from our own, we should grant him the right and earnestly wish for his success.

In view of the great cry for help continually coming to us from suffering humanity, and the ability given us through the discoveries of Hahnemann to make a more favorable response to that cry than has heretofore been made, it becomes us, rising above the jealousies that have reigned too long in the schools of medicine, to apply ourselves faithfully to the perfecting and spread of our art.

Though at times we may have to turn from our great work to defend it against the machinations of those who desire its ruin, we may cheerfully labor on, assured that every day brings us nearer the completion of that part committed to our hands.

I cannot better conclude this address, than in the words penned by Hahnemann fifty-seven years ago: "We will strive after a common holy object; but it is not easy to be attained. It is only by joining hand in hand, only by a brotherly union of our powers, only by a mutual intercommunication and a common dispassionate development of all our knowledge, views, inventions and observations that this high aim can be obtained—the perfecting of the medical art."

APPENDIX.

[I.]

REPORT OF THE CENTRAL BUREAU,

For the Augmentation and Improvement of the Materia Medica.

REPORT OF B. F. JOSLIN, M. D.

PROVING OF RUMEX CRISPUS.

In the following provings, the alcoholic tincture was used, prepared from the root, stem, and leaves. The plant was found in an open field, and gathered in October, 1856. The leaves were slightly touched by frost; and, therefore, the root was chiefly used in making the preparation.

H. M. Paine, M. D., Clinton, Oneida Co., N. Y., aged 28, slender form; nervous sanguine temperament; brown hair; dark blue eyes.

November 11, 1856. In apparent good health. Took at 8 A. M., an hour after breakfast, ten drops of Rumex tincture. Half an hour after, experienced a cutting pain in the pit of the stomach, for five minutes, while riding in the open air.

13th. Took six drops at 9.30, P. M., immediately before retiring at night.

25th. Took ten drops at 8, A. M., one hour after breakfast. Observed during the day an unusual sensitiveness to cold.

26th. Took fifteen drops at 9, P. M.

27th. Experienced a darting pain in left side of head, for about half an hour, at 11, A. M. and at 8, P. M.

28th. Dull aching pain through the whole fore part of the head at 11, A. M. During the day a burning pain in the stomach and abdomen. Acute momentary pain in the pit of the stomach.

December 5th. Took ten drops at 6.30, A. M., half an hour before breakfast. Very soon after taking it, experienced for a short time, a burning pain in the pit of the stomach.

8th. Took at 9, P. M., ten drops.

9th. Took at 6.30, A. M., fifteen drops an hour before breakfast. At 8, P. M., fifteen drops.

12th. Took at 9, P. M., twenty drops.

February 19, 1857. Took at 9, P. M., ten drops.

20th. Awoke about 2, A. M. Observed a soreness for a few minutes in the whole of the left side of the chest, after turning to that side. At 5.30, just before waking, experienced an unpleasant dream, of persons having been murdered. Slight pain in the head, before breakfast. At 9, A. M., took fifteen drops. At 9, P. M., a slight aching pain in the forehead. At 11, P. M., took ten drops more.

21st. At 7, A. M., a deep inspiration causes stitches around the waist. At one time in the afternoon, while riding, a deep inspiration produced a very acute stitch along the left margin of the sternum. At 7, P. M., took ten drops, and also at 9.30, ten drops.

23rd. At 4, P. M., took twenty drops, and at 9, P. M., ten drops.

24th. Took at 9, A. M., 10 drops.

25th. At 10, A. M., took ten drops. At 3.30, P. M., while writing at the desk, experienced for a little time, five stitches in the substance of the left lung. At 4, P. M., ten drops. At 8.30, P. M., experienced an acute, lancinating pain, a little to the left of the sternum and under the left breast. At 9, P. M., took ten drops.

26th. Remember to have had very disagreeable dreams, during the night, of accidents, losses, &c. At 10, A. M., took ten drops. About 1, P. M., while at dinner, experienced a momentary slight stitch in the left side, near lower edge of the ribs. Noticed a frequent desire to urinate, during the day. At 9, P. M., took ten drops.

27th. During last night, frequent passages of small quantities of fœtid flatus. At 9, A. M., took ten drops. At 4, P. M., took ten more. Inclination to urinate, not as frequent to-day as yesterday, but an unusual *urgency* with the desire to urinate—must speedily evacuate the bladder, or there is a sensation as if the urine could not be retained.

28th. Indistinct recollection of several dreams, during the latter part of the night. At 9, A. M., took ten drops, and at 9, P. M., ten drops more.

March 2. At 11, A. M., ten drops.

3d. At 9, P. M., ten drops.

4th. At 10, A. M., ten drops.

6th. At 9, A. M., ten drops.

9th. My attention was this evening called to an eruption that has been quite troublesome of late, though I now remember that it has been present

most of the time for two or three weeks, gradually increasing until it has become quite a source of annoyance. It is composed of very abundant, minute red pimples, on the limbs, about the knees, and particularly on the *calves of the legs*. The only uneasiness it causes, is a violent *itching*, immediately after undressing at night. Took at 9, P. M., ten drops.

10th. Have an indistinct recollection of several dreams, last night—of being in a beautiful country—and of being disappointed. At 7, A. M., fifteen minutes before breakfast, took 15 drops. At 8, P. M., ten drops. During the day, noticed an *urgency*, as soon as there is an inclination, to urinate.

11th. Took at 9, A. M., ten drops. Observed the same urgency to urinate as yesterday. Sensation as if the urine must be immediately voided as soon as the inclination takes place; as if it would be impossible to retain it long. The sensation is apparently located at the neck of the bladder.

13th. Took at 10, P. M., ten drops. The fine eruption on the calves and limbs has been very troublesome, for several evenings past, while undressing. A violent itching is produced as soon as it is exposed to the air. There is no redness until after irritating it a few minutes by a thorough scratching; then a multitude of very fine pimples appear. The itching and the eruption are almost wholly, though not entirely, confined to the posterior surface of the limbs, and inner side of the knees. Dreamt last night of killing a small rabid dog, and of becoming involved in trouble and perplexity of some kind. Much flatus moving about in the abdomen, during the night.

14th. The itching of the legs commenced this evening an hour before the usual time for retiring, and before I had removed any part of my clothing. Took at 9.30, P. M,, ten drops.

15th. Several dreams last night—one of seeing Queen Victoria. Eruption on the legs is quite troublesome this morning. Frequently irritating it by scratching has caused many little pustules, as large as the head of a large pin. Almost the whole surface of the limbs, from the thighs to the feet, is covered with this paltry nettle-rash, probably a kind of *urticaria*. Great itching of the whole surface of the limbs, especially on retiring at night, and in the morning immediately after rising. Considerable itching of the posterior surface of both arms, below the elbow.

15th. Last night the eruption on the limbs was very troublesome, from the severe itching it produced. The little sores caused by scratching, seem to be most numerous about the knees. The itching is general, yet it appears to be somewhat erratic, sometimes quite severe in one small spot, then

suddenly changing to another, and perhaps distant locality. For several days from this time, the rash became very troublesome, the itching continuing both day and night, though chiefly in the evening and at night. Considerable itching at any time when awake, during the night. Scratching produced a burning sensation, yet was accompanied with much relief.

17th. Took at 10, A. M., ten drops.

18th. Momentary shooting pains in various parts of the chest during the evening. Urgency, as soon as there is an inclination to urinate, which is rather too often. At 10, P. M., ten drops.

19th. Horrid dreams last night,—of dead persons returning to life. Eruption on the limbs is beginning to disappear. Urging to urinate during the day. At 9, P. M., took ten drops.

20th. Indistinct recollection of a dream, just before waking this morning. At 8, A. M., took ten drops.

23d. Eruption is now chiefly confined to knees, and causes but little uneasiness. At 9, P. M., ten drops.

24th. At 9.30, P. M., ten drops.

25th. At 4 P. M., ten drops.

26th. Momentary shooting pains in chest, during the day. I now commenced the use of *calcarea* and *phosphorus*, taking one dose every evening, alternately, which I continued for two or three weeks. In a few days, all the symptoms which were apparently produced by the *rumex*, disappeared, and I have had no return of them.

Digest of the Symptoms.

CHARACTERISTIC PECULIARITIES.—The *pains* chiefly affected the fore part of the head, and the left side of the chest. The *eruption* was principally confined to the posterior surface of the legs, and about the knee joints, and was particularly troublesome at night. The *urinary* symptoms were usually present only during the day time. The *dreams* generally occurred towards morning, and were with one or two exceptions unpleasant and disagreeable.

SKIN.—Very abundant minute red pimples on the limbs, about the knees, and particularly on the calves of the legs. It produces a *violent itching* immediately after undressing at night. The rash on the calves and limbs has been very troublesome for several nights past, when undressing. The *itching* it produces when exposed to the air is very annoying. There is no redness until after irritating it a few minutes, when a great multitude of fine pimples appear. The itching and the rash are almost wholly confined to the posterior surface of the limbs, and inner side of the knees. The itching commences in the evening, an hour before

the time for retiring. Pustules are formed chiefly about the knee joints by repeatedly scratching the diseased surface. Great itching of the whole surface of the limbs, especially on retiring at night, and in the morning immediately after rising. Considerable itching of the posterior surface of both arms below the elbow. The itching is general, yet it appears to be somewhat erratic, sometimes quite severe in one small spot, then suddenly changing to another, and perhaps distant locality. For several days the rash was very troublesome both day and night, though chiefly in the evening and at night. Scratching produces a burning sensation, yet is accompanied with much relief.

Sleep.—Unpleasant dreams of a person having been murdered, at at 5.30, A. M. Very disagreeable dreams of accidents, losses, &c., towards morning. Indistinct recollection of several dreams, during the latter part of the night—of being in a beautiful country, and of being disappointed, of killing a small rabid dog, and of becoming involved in trouble and perplexity, of seeing Queen Victoria. Horrid dreams of dead persons returning to life.

Head.—Darting pain in the left side of head, for half an hour, at 11, A. M., and at 8, P. M. Dull aching pain in the whole fore part of the head, at 11, A. M. Slight pain in the head before breakfast. Slight aching pain in the forehead at 9, P. M.

Gastric Symptoms.—Cutting pain in the pit of the stomach, while riding in the open air, half an hour after taking the medicine. Acute momentary pain in the pit of the stomach. Burning pain in the pit of the stomach and abdomen, during the day. Burning pain in the pit of the stomach, soon after taking the medicine.

Abdomen.—Frequent passages of small quantities of fœted flatus, during the night. Much flatus moving about in the bowels, during the night.

Urine.—Frequent desire to urinate during the day. Inclination to urinate frequently, and an unusual *urgency* with the desire to urinate; must speedily evacuate the bladder or there is a sensation as if the urine could not be retained. This sensation is apparently located at the neck of the bladder. Urgency to urinate. Urgency, as soon as there is an inclination to urinate, which is rather too often. Urgency to urinate during the day.

Chest.—Soreness, for a short time in the whole left side of the chest, after turning to that side, at 2, A. M. A deep inspiration causes stitches, at 7, A. M. Very acute momentary stitch along the left margin of the sternum, while riding, in the afternoon. Fine stitches in the substance of the left lung, for a little time, at 3.30, P. M., while writing. Acute

lancinating pain, under left breast, and a little to the left of the sternum, at 8.30, P. M. A momentary slight stitch in left side, near the lower edge of the ribs, while at dinner. Momentary shooting pains in various parts of the chest, during the evening. Momentary shooting pains in the chest, during the day.

EXTREMITIES.—For eruption on the limbs, see symptoms under the head, "Skin."

REPORT OF WM. E. PAYNE, M. D.

PROVING OF RUMEX CRISPUS.

The following proving of *rumex crispus* was conducted with the acoholic tincture of the root of the drug, and attenuations prepared therefrom.

March 28, 1857. At half past 9 o'clock in the evening, took five drops of the tincture *rumex crispus* in two table spoonfuls of pure water. At the end of 10 minutes after taking the drug, weight in the stomach like that which is produced by the pressure of undigested food, with a pressing sensation as far upwards as the throat pit. This sensation continued till falling asleep, one hour after taking the medicine. On awakening early in the morning, felt nauseated, with moving in the intestines as from a cathartic. Nevertheless, stool natural, and at the usual time.

29th. At 7.30 o'clock, five drops of the tincture in sugar. In about 10 minutes after, felt a weight in the epigastrium like that of the previous night, though no food had been taken. Weight not so great as on the previous night. Breakfasted one-half hour after taking the drug. Sensation as of a hard body somewhat increased after food, and continued for four hours. No other symptoms.

April 1st. Eight o'clock, A. M.,—one hour after breakfast, six drops of the tincture, on milk sugar. In eight minutes after, the same sensation, as of a hard body in the stomach, ascending upwards to the throat-pit. This sensation at the throat-pit, descended towards the stomach upon every empty swallowing, but immediately returned. These sensations, at the throat-pit, and the stomach, continued for two hours, but gradually abated. The same sensations returned after dinner, and continued for the space of two or more hours.

Proving of Attenuations.

April 6th. At 10 o'clock in the evening, ten drops first centessimal attenuation, and retired for the night. No symptoms before falling asleep.

7th. Half past seven o'clock, morning, ten drops more of same attenuation. Sensation as of undigested food in the stomach, with upward pressure to the throat-pit, occurred in about 15 minutes. Every empty swallowing carried it downward towards the stomach, but, as before, it immediately returned.

Nine and half o'clock, evening, ten drops same attenuation, on milk sugar, and went to bed.

8th. Six and half o'clock, morning, ten drops. Sensation of pressure at the stomach did not return. Six hours after, however, sense of great lassitude in the lower limbs, and aching in calves of the legs, as after long continued walking or standing;—worse when moving; better when lying down. Aching, and sense of great fatigue in the loins. (9th) Sore pain at juncture of the *sacrum* with the left *ilium*, increased by stooping, and rising. In a few hours, this pain became more general in the loins, and appeared like the pain and lameness following a strain by overlifting. The pain was increased by a sudden motion of the body, such as from the unexpected motion of a carriage. At 2 o'clock, P. M., this lameness somewhat abated, and was succeeded by a pulsative sensation in the muscles of the *nates*.

10th. Ten and half o'clock, P. M., ten drops, and ten drops more on the 11th, in the morning. No new symptoms on the 11th, but on the 12th awoke with a bruised sensation in the brain, increased by moving, stooping, and by any sudden movement of the head. This bruised sensation continued till noon, and suddenly disappeared after dinner. No new symptoms.

23d. Ten drops of the 3d centessimal attenuation, on the tongue, without mixture at 7 o'clock, A. M. Breakfasted at 7.15 o'clock. At 10 o'clock, the previous sensation as of undigested food returned. 12.30 o'clock, P. M., took ten drops more, same attenuation. The same pressure as from undigested food in the stomach continued through the afternoon, but disappeared in the night.

25th. Afternoon, 4.30 o'clock, ten drops on the tongue as before. At 5 o'clock, one-half hour after, was suddenly seized with a sharp tingling sensation in the schneiderian membrane, followed by violent and rapid sneezing, for five or six times in succession, with a watery discharge from the nostrils. This soon passed off and did not return. On the following

morning (26th) at the usual hour, a very loose, diarrhœic discharge from the bowels occurred. A relaxed sensation, with rumbling, continued for some hours, as if another evacuation would follow; nevertheless it passed off without another stool. On the following morning (27th) awoke with an acid stomach, and eructations of acid flatus. This was soon followed by a copious diarrhœic stool, with colic pains just above the hypogastrium, and a very disagreeable rumbling in the bowels, together with nausea and loss of appetite. These sensations continued nearly throughout the day, with some four or five evacuations, which poured away in a stream, as if a large quantity would be discharged; nevertheless, each discharge was suddenly arrested, and the inclination passed away, entirely, for a short time; but on rising, the urgency returned, and on returning to the cabinet, a new stream of liquid fæces poured forth as before. At short intervals, there occurred, throughout the day, inclinations to go to stool, with much rumbling of the bowels; but the urgency to stool was not so pressing that it could not be well resisted.

Nothing unusual had occurred in the habits of the prover, and he is not subject to such attacks.

The primary impression of the *rumex crispus* seemed to be on the *mucus tissue*; and consecutively, it seemed to affect the *muscular tissue*, and the *nerve mass*.

It would seem, therefore, from the above limited proving, that the therapeutic rank of *rumex crispus* is with the group of remedies which primarily affect the mucus tissue. A more extended proving, however, would be necessary to settle this point.

PROVING OF CALCAREA PHOSPHORICA.

S. M. Cate, M. D., Augusta, Me., instituted upon himself, the following proving of *calcarea phosphorica*. The drug was prepared as follows:—

Five parts of calcined *ox-bones*, finely powdered, were well mixed with six parts of *oxalic acid*, and twenty to thirty of distilled water. After standing 24 hours, the whole mixture was filtered, for the purpose of separating the precipitated *oxalate of lime*. The solution of *phosphoric acid*, after standing till all extraneous particles had subsided, was decanted, and the *bi-carbonate of soda* added in small quantities till acid reaction ceased. This solution of the *phosphate of soda* was evaporated on a sand bath till it crystalized. The crystals were then collected and dried on a filter. To boiling acetic acid, pulverized oyster shells were added as long as the acid would act on them, and the clear solution evaporated and

crystalized. One and a half parts of the *phosphate of soda*, and one part of the *acetate of lime*, were each separately dissolved in convenient quantities of water, and the two solutions mixed. The precipitated *phosphate of lime* was collected on a filter, thoroughly washed and dried on bibulous paper.

The prover is of a nervous bilious temperament. Health generally good, though somewhat inclined to diarrhœa, especially when overloading the stomach. The tongue, from early recollection, has been coated on the middle and dorsum; and the scalp covered with dandruff.

Oct. 7, 1854. Weather warm, and clear. Took four grains 1st trituration, at 12 o'clock, M.

8th. Took five grains at 8 o'clock, A. M. At 9 o'clock felt sharp pain under the left scapula, towards the spine, continuing 10 minutes, followed by a dull pain in left shoulder joint.

At 12, M., took five grains. Weather wet and rainy. In one and a half hours a dull pain in legs from the knees to the feet, continuing for one-half hour. 4 o'clock, P. M., a feeling of great hunger, very unusual. Dull pain in the head all day, increased towards night, and from 4 to 6 o'clock, nausea. From 5.30 to 6 o'clock a sharp pain at pit of stomach. Nausea and pain in head increased, during pain in the stomach. Bread had a bitter taste. Pain in stomach and head relieved by food. Weariness of legs, especially below the knees, as if from severe labor. From 8 to 8.30 o'clock, severe pain in front of right ankle, followed by a soreness about the sheaths of the tendons,—most on extending and flexing the foot. At 6, P. M., a smart itching vesicle on the left wrist. Itching of the left cheek, nose and chin. At 9 o'clock sharp pain in abdomen, around the navel, with a slight feeling of soreness. Aching in the right arm; in the left temple and shoulder joint, lasting for a short time.

9th. Pain in right wrist joint, with lameness as if bruised, at 7 o'clock, A. M., lasting half an hour. Escape of considerable flatus, during the whole forenoon. Increased appetite.

10th. Took 5 grains at 9 o'clock, P. M.

11th. At 6 o'clock, A. M., took five grains more. From 12 M. to 9 P. M., frequent and profuse discharge of clear urine. 9 P. M., violent itching of left wrist, with burning after scratching. The latter part of the night, and in the morning, dull, or pain as if from a bruise each side of dorsal spine.

12th. Took five grains at 6, A. M. Fluent coryza during the forenoon, with dull pain in the head from 11 to 12 o'clock.

13th. 6 o'clock, A. M., six grains, and ten grains at 9. Abundant

emission of flatus. Appetite, diminished in morning, but good at noon. 3, P. M., severe pain in region of transverse colon, for half an hour. Dry hacking cough of a few minute's duration. 5, P. M., dull pain in a small spot in right chest, near mammary gland, lasting half an hour, P. M. In the morning, after rising, a thin, copious fæcal discharge. An empty, sinking sensation at the epigastrium, 7 o'clock, P. M.

14th. Diarrhœa early on rising. At 6 o'clock eight grains. Emission of fœtid flatus during the day. Tremulous motion of the hands. 10 P. M., ten grains. Pain on each side of lumbar and dorsal spine, as from a bruise when awakening, on the following morning. Disappeared after exercise.

15th. 6, A. M. and 6, P. M. took eight grains. After movement of the bowels, pain in the rectum, extending up five or six inches, lasting some 10 minutes. A sharp pain at about the sixth rib of the right chest, a little to the right of mamma, worse on inspiration, lasting 10 minutes. 5, P. M., a like pain at a corresponding point of the left chest. Considerable soreness of the right chest when pressed upon; some, but less in the left chest. Dull pain in the left arm between the elbow and wrist. Yesterday, soreness of the throat; to-day, tonsils, uvula, and pharynx red and swollen, with pain increased by swallowing. Pain in the middle of the abdomen while and after eating, lasting half an hour; this pain abated after a copious emission of fœtid flatus. Half an hour after, dull pain in the epigastrium. At 6, P. M. a sharp pain in the tendons of the inner hamstrings, when walking, lasting 20 minutes. For the last two days, an obtuseness of the intellect; difficulty of performing any ordinary intellectual operations: when composing would write throat for tonsils, red for swollen, etc; not clearly distinguishing the things under consideration. Dull pain in the head at times through the day. The urine has continued profuse frequent and watery since the 11th; but no unusual thirst.

16th. 6, A. M., took six grains. The soreness of the muscles of the back continues on getting up in the morning. (The morning cool and rainy.) After dressing, seized with chills, and shivering, lasting half an hour, till after a brisk walk of half a mile; with the chill a hacking cough and fluent coryza. After the chill, a dull pain in the head. The sharp pain in the left chest, about the seventh rib, and to the left of mamma, followed by a dull pain felt more when inspiring deeply, and this still continues (8, P. M.) Sharp pain for a short time in the region of the spleen (8, P. M.).

Diminution of the sexual desire since the commencement of this pro-

ving. The pains above described in the chest, felt very often through the day. At 11.30, A. M., pain in the right arm from the elbow to the hand, with lameness of the wrist, all lasting till 9, P. M. From 8 to 9, P. M., burning at the stomach, and rising of water into the mouth (water brash). 9, P. M., took eight grains.

17th. Last night dreams of traveling; of robbers; of an army of cats. Inflammation of the throat continues; yesterday, moderate pain most of the time when swallowing; this morning the pain more marked, and inflammation gradually increases. Sharp pain in region of the heart, when making an inspiration; most marked when taking a deep inspiration; dull pain in the head. Involuntary sighing, at times, for the last three days.

6, P. M. Took six grains. Itching of the edge of the right eyelid for a short time. Pain in region of the heart, violent at times. Sharp pain in region of lumbar vertebræ, and top of sacrum, lasting a short time, followed by soreness. Sharp pain between the fourth and fifth ribs of the left chest, a little to the left of the heart, occurring frequently during the forenoon; so sharp and severe as to cut off the breath at times. The sharp pain would last ten or fifteen minutes, leaving a soreness for a longer or shorter time and then come on again. After breakfast much loud belching of wind from the stomach. Sharp pain in the left hypogastrium, lasting a short time. The pain in the left chest has been troublesome through the afternoon; felt most during a deep inspiration, though not all the time present. Sharp pain in right chest, by turns, during the same time. Dull pain in the head with confusion; pain increased on stooping; pain worse at times. 9, P. M., took eight grains.

18th. Dryness of the throat last night. Vivid dreams of traveling. No other new symptoms till two hours after dinner. Then, heartburn, lasting for some time. The mind is less dull and muddy than for several days.

19th. No medicine since the last date; no new symptoms last night. Pains in the chest troublesome though not constant through the day. Pain with soreness under the left scapula. Heartburn commencing about an hour after each meal, and lasting for an hour. Crampy pain in nape of the neck, first on one side and then on the other, lasting for a short time. Feeling of languor and laziness in the evening, and aversion to mental labor.

20th. Frequent and urgent desire to urinate in the forenoon. The water pretty clear, and the aggregate quantity large. From 12, M., till 5, P. M., no opportunity to pass urine. By 2, P. M., the desire was urgent and the pain in the bladder considerable; the pain kept increasing

from 2 to 5, at which time, very severe in the bladder above the pubis and in the prostate gland and neck of the bladder. The water passed in a feeble stream, occupying considerable time. After all had passed, considerable soreness of the bladder, followed by frequent micturition. Though the urine had often been retained much longer without difficulty, it was evident that this group of troubles of the bladder arose from overdistension, and that the medicine affected the bladder only through the increased secretion of urine. Very sleepy in the evening; slept sound for ten hours in succession. The pains and soreness still felt about the chest, though not so constantly as several days ago.

21st. No new symptoms till to-day, an hour after dinner, when a dull pain in the stomach, with soreness on pressure occurred. Burning itching of the outer ear in the evening, lasting half an hour. Violent pain in the right toes and foot to the instep, lasting half an hour.

22d. Diminution of the aphrodisiac sense still continues, and the whole function seems so weak as to be well nigh removed, and has been since the second day of the proving. The excitement reaches a low pitch, at which it culminates from slight cause, assimilating impotency. Urine more natural; but the emitted flatus still very fœtid, and abundant. Pains in the bowels still present, at times through the day, lasting a few minutes, and generally followed by flatulent emissions, showing that the pains were caused by the flatus. Pains in the stomach still come on about an hour after each meal, with soreness of the stomach to pressure, and accompanied at times with loud belchings of empty tasteless flatus from the stomach, which affords relief. Pains in the bowels to-day, most in the region of the ascending and transverse colon. Pains in the chest still troublesome, passing from place to place; it is felt in the central part of the left chest in front, and passes thence under the left scapula, but is of a less acute character, but more sore and aching. Pains still aggravated by a deep inspiration.

A sharp pain as though some round sharp instrument was pushing out through the lower end of the sternum, for a short time at about 12, M. Burning itching of the outer ears when in a warm room, after riding in the open air (which was not cold,) and on putting the hand to the ears was surprised to find they were not hot though they were red. This burning has been troublesome all day when in-doors. Inclination to sigh continues and is marked; I find myself making frequent involuntary inspirations; this has been for a number of days.

23d. Symptoms diminished; but gloomy and discontented. Many

of the above enumerated symptoms continued to recur for several days; but in a gradually diminished degree, till finally all disappeared.

The above may be regarded as a marked proving of *calcarea phosphorica*; and the symptoms, we doubt not, may be relied upon, mainly, as effects of the drug.

W. B. CHAMBERLAIN, M. D., of a sanguine nervous temperament and full habit, took six grain doses of the 1st trituration of *calcarea phosphorica* without knowing what he was taking.

Feeling in the stomach as if distended by food. Dull, sleepy oppressive pain, embracing the whole head, but most in the cerebellum. Slight jerking pain in the right knee joint. Bilious, slimy, offensive fæcal evacuations, lumpy and covered with mucus, as many as twelve stools a day, with little pain. Seem to be more of a dysenteric character as the disease progresses. Stool in the morning soon after rising, mostly bloody mucus. Slight pain low down in the bowels. Frequent urging to stool, with small discharges, attended with pain in the head. Abdomen feels weak. Took the last medicine on Friday, and the symptoms were at their height on the following Sunday, and continued with a gradual abatement till the last of the week.

E. U. JONES, M. D., sanguine temperament, and very active.

January 11, 1855. Weather cold and clear. Took three grains of *calcarea phosphorica*, at 9 o'clock, A. M. In half an hour fullness and pressure in head, aggravated by pressure of hat, lasting at intervals, all day. Not subject to headache.

12th. Slept well all night,—but during the forenoon, pain in all the limbs, worse in Gastrocnemii, as from a cold. Dull heavy feeling in head; and sensation of fullness and repletion of stomach. Soft stool, but otherwise natural. Four grains. Biting, stinging in small spot on left nates. 4, P. M., biting, stinging in front corner of left nostril, succeeded by sneezing, and lachrymation from left eye. Whole group disappeared within thirty minutes.

13th. 6, A. M., four grains. Returned to bed. Drawing pains in Gastrocnemii. Soft pappy stool. Slight momentary headache in forehead over left eye. Shock of pain in left ear. Dull pressive frontal

headache, lasting all day. Sensation of faintness or emptiness in pharynx, continued from last night.

14th. Slept well, but amorous dream. 7.30, A. M., four grains. Empty sensation in throat continues. 4, P. M., four grains.

15th. Soft stool but difficult of expulsion. 12, M., headache principally on left side, pressive, occasionally throbbing, aggravated by stepping or quick motion.

16th. Stool rather costive, expelled with difficulty. Amorous dream, and increased sexual power.

17th. 7.30, A. M., six grains. In an hour biting stinging in front of corner of right nostril, accompanied by slight sneezing and lachrymation (similar to that on 12th). Slight flatulency. 4, P. M., four grains.

18th. Before rising in morning sudden sharp cuttings or stitches in region of heart, cutting short the breath, both in expiration and inspiration, continuing about five minutes and then going off. Slight pains of the same nature, preventing a full breath, occasionally during the day. 12, M., sharp shootings through the temples, leaving a momentary soreness of the right temple after the pain had gone. Shooting through the perineum and into the penis. Shooting through the left thigh.

19th. Aching in outer side of right knee in bed, soon followed by aching in ball of left foot, relieved by motion (lasting about ten minutes). Restless sleep disturbed by dreams. Severe biting itching in outer border of left axilla, momentarily relieved by scratching. Heavy confused feeling in head, as if about to ache. Sleepiness all day, with yellowness of complexion and sclerotica.

20th. Restless sleep last night disturbed by dreams, amorous, and fearful. (There is a small white ulcer upon a spot in right cheek which had been irritated by a broken tooth. Am uncertain if medicine had anything to do with it). Severe lamed or bruised feeling in both nates. (Snow storm yesterday). Soreness of throat and fauces on swallowing. Throbbing headache behind left ear (going off soon).

21st. Aching in pulp of left forefinger, sometimes extending up the arm, and giving it a sensation of weakness (continuing all day). Pain in nates better. The headache has continued at intervals throughout the proving, generally being aggravated by eating. Yesterday and to-day the pain has been a beating pain, extending through both parietal bones. Occasional aching pain in right eye ball. Painfully hard costive stool. Frequent emission of fœtid flatulence.

22d. Pain in nates nearly gone. No headache this A. M., though a

feeling of fulness and confusion continues which has been an accompaniment of the headache all along. I have noticed too a great lack of definiteness in my memory; an inability to remember common symptoms of common remedies, and for three days past rather less appetite than usual. Pain in left forefinger to-day, as yesterday; felt more when driving. Stool soft.

23d. Amorous dream with emission.

26th. As it rained heavily on the 22d, and I became thoroughly drenched and caught some cold, and was compelled to take medicine, I considered the provings vitiated, and have not kept a record of symptoms. Have had rheumatic pains in the shoulders and chest, etc., all of which might have been the effect of cold.

[II.]

REPORT OF R. GARDINER, M. D., ON SMALL POX, ETC.

TO THE AMERICAN INSTITUTE OF HOMŒOPATHY.

Mr. President and Gentlemen:

Having been appointed at the meeting of the Institute, held at Washington city, D. C., in June, 1856, to write a report on small pox, and its kindred pustular diseases, which from causes not under my control, was not done, the appointment was renewed at the meeting in June, 1857, held at Chicago. I now offer the following:

It is a subject from which no practical advantage can result; but as a matter of history, may be interesting. We find a variety of opinions respecting its origin, and no less of its treatment. Small pox stands related to other diseases, and other diseases to small pox, from one common cause. All disease has one common origin, whether we take it in a kindred point of view or not; and stands coeval with transgression. The sentence of death was passed on our great head, and representative, when turned from Eden's beautiful garden, in consequence of disobedience, when disease in all its variety and forms, upon man and beast, developed itself, as the messenger of God's appointment, to execute his threatened vengeance. For death passed upon all men, for that all sinned and come short of the glory of God. Thus we find the cause embraced in the sentence, it being ap-

pointed unto men once to die, we feel ourselves justifiable in declaring, as disease brings about death, that it has its origin in the one common cause.

The light of science has led us to look after, and endeavor to find causes of different character, giving rise to the variety of disease with which we have to contend; so that we often find ourselves groping through the dark in pursuit of cause, when, to our disappointment, our patients fall victims to our folly.

Cullen divided disease into genera, order, and specie; which classification, although it may have had its advantages, has led to much confusion and distraction; for we often find our patients, or their friends, much wiser than the physician. The classing of disease may have led to the advancement of medical science, but the more we divide and sub-divide, the greater becomes our difficulties in its treatment, and less successful in its cure. We go back to past ages, and find small pox described by medical writers, and historians, together with the great mortality attending it throughout its course, carrying terror and alarm, and bidding defiance to the varied treatment adopted for its cure, until the illustrious Hahnemann laid down a more rational, certain, and successful treatment, according to the law of cure—*similia similibus curantur*. The most approved authors concur in the belief that the disease, known to us by the name of small pox, or variola, was not described by any of the writers of antiquity. From their silence, therefore, respecting a disease so fatal, and of a character so peculiar, we may reasonably presume that its origin was subsequent to their times; and that the world had existed some thousand years before it was visited with this dreadful pestilence. Etymology comes here in aid of history.

The first authentic passage in which the words *variola* and *pocca* occur, is to be found in the Bertinian Chronicle of the day, 961 (Moore's History of small pox, page 87). There being no term for the disease in the Greek or Roman authors, *variola* was coined, in the middle ages, from the Latin *varus*, a pimple, or *varius*, spotted; and for several succeeding centuries, was applied to designate measles, as well as small pox. From variola are derived the Italian *vanoto*, and the French *verole*. The term *poc* is of Saxon origin, and signifies a bag or pouch. The Anglo Saxons early adopted this word. The epithet, *small*, in England, and *petite* in France, were added in the fifteenth century. From very early times attempts have been made to prove the antiquity of small pox, and even in one day the same idea has found supporters. Dr. Baron, of Gloucester (England), the latest writer on the subject, entertains the

opinion that small pox is to be traced in the earliest writings of the Hebrews and Greeks; that it was seen by Hippocrates, and commented on by Galen. According to this author the account of the plague of Athens, as given by Thucydides, "presents as accurate an account of the leading symptoms of variola as could possibly be expected from any historian not medical." (Life of Jenner, page 177).

In this opinion Dr. Baron is countenanced by Salmasius, Hahn, and more recently by Dr. Willan, in a posthumous dissertation "on the Antiquity of small pox." Rhazes, an Arabian physician, and the first acknowledged writer on this disease, labored to prove that Galen had seen it, but with all his enthusiasm for his master, he acknowledged, and was surprised at the unwonted brevity and inaccuracy of his description. This alone may be considered decisive of the question; but we may further state that Friend and Mead, authors of the highest repute, after devoting great attention to the subject, agreed that there was no foundation for such a notion. We shall be fully satisfied, therefore, in adhering to the generally received opinion that small pox is a disease of modern origin.

The first notice of a disorder which exhibits the well marked features of small pox, is to be found in the historical writings of Precopius (De Bello Gothico, Lib. II.,) who flourished during the reign of Justinian the First. The obscurity of its origin, the difficulty of its cure, the universality of its devastations, and above all, the complete immunity from second attack, which are mentioned as characteristic of this epidemic, bespeak it to have been truly small pox. It began A. D., 544, at Pelusium, in Egypt, from whence it spread to Constantinople. This corresponds closely with the era commonly assigned, in medical books, to the first appearance of small-pox, viz; A. D., 569, the year of the birth of Mahomet. In that year an Abyssian army, under Abrahah, the Viceroy, appeared before Mecca, and was unexpectedly compelled to raise the seige. Several circumstances concur to render it probable that the sudden retreat of the army was owing to the breaking out of small-pox, and the dreadful mortality which it occasioned. Bruce, in his travels (Travels to discover the source of the Nile, vol. 1, page 514), met with a manuscript account of this war, which confirms this story, and strengthens the opinion that small pox first appeared in Egypt and Arabia about the middle of the sixth century.

A further question has been raised and keenly agitated, whether the small pox really begun in Egypt, or was conveyed to the shores of the Red Sea from India. Attempts have been made to establish the existence of this disease in China, and Hindostan at very remote periods. Mr.

Moore, in his history of small pox, advocates this opinion. He finds in the mythology, the religious institutions, the sacred and historical records, the medical works, and uniform tradition of these countries, abundant proofs that small pox existed there at a period antecedent even to Hippocrates (Moore's history of small pox, page 35). He then enters into an investigation of the circumstances which may have prevented the spread of the infection from Asia to Europe, and Africa. It must be acknowledged, however, that the facts on which Mr. Moore relies, in support of this opinion, rest on very questionable authority; and as the opinion itself has not met with many supporters, it is not necessary to bestow on it more particular examination. The small pox broke out in Arabia under circumstances most favorable to its dissemination. It was in the year 622, when Mohomet began to collect the wandering tribes of Arabs whom he led forth, inflamed with religious zeal against the neighboring nations. To the devastations of war were added the ravages of a new and most detractable disorder. But if we owe the introduction of small pox to the Arabian armies, it is to a physician of the same nation that we are indebted for the earliest accounts of it. Rhazes, an Arabian physician, who practiced at Bagdad about the beginning of the tenth century, is the first author who treats expressly of small pox. He quotes, however, several of his predecessors, of whom the most ancient is Ahron, a physician of Alexandria, who is supposed to have flourished about the year 622, the era of the Hegira, when Mahomet first went forth as a conquerer and a prophet. The treatise of Rhazes "De Variola et Morbillis" deserves special mention for the accurate description which he gives of the several kinds of small pox. His theory of the disease, however, is scarcely intelligible, and his treatment lamentably deficient. He abounds, indeed, with directions for the management of every symptom, and more especially for that of pustules in their several stages, which is very complicated, consisting of fomentations, fumigations, dry powders, ointments, and other applications, chiefly to prevent pitting. In most of these instances his prescriptions are harmless; but this merit does not belong to his recommendation of free bloodletting, and of the most powerful narcotics in all stages, and even in the confluent forms of the disease. Avicenna, another Arabian physician, gives also a very full and excellent account of the symptoms of small pox, and he improves upon the treatment suggested by Rhazes, by restricting bleeding to plethoric habits, and to the three first days of the disease. Both Rhazes and Avicenna concur in the opinion that measles and small pox are only modifications of the same disorder. Avicenna considered measles as a sort of bilious small pox. Hali Abbas,

a third Arabian author on small pox, deserves to be mentioned as having made an approach to the doctrine of contagious origin. The theory of small pox, adopted by him as by all the Arabian physicians, was founded on the commotion and putrefaction of the humors of the body; but Ali observed that one of the accidental causes which excited the movement of the distempered humors to the skin, was being in the same place with persons affected with the small pox, or breathing air contaminated with the pestilential vapor of small pox pustules.

All the Arabian authors believed in the occasional occurrence of small pox twice in the same person.

The success of the Saracen arms in Spain and Sicily, during the eighth century, contributed, doubtless, to the gradual extension of small pox through the different countries of Europe; but on the subject very little is known. We read that on several occasions a pestilence of fire raged, the body dissolving away as if burnt, with an intolerable fœtor of the putrid flesh. It is reasonable to suppose that some at least of these epidemics were the small pox; others may have been the true Egyptian plague with buboes. The researches of antiquarians lead to the belief that small pox reached England early in the tenth century (907). There is preserved in the British Museum a curious Anglo Saxon manuscript, supposed to have been written in that century, containing an exorcism or supplication against the small pox. (Moore's History of small pox, page 94). Nicersius was the saint especially addressed on those occasions. All that we read serves to show how great were the terrors inspired by the small pox in every period of its career. The discovery of America by Columbus, which so wonderfully extended the boundaries of human knowledge, was the occasion also of scenes of desolation at which the heart sickens. Among all the calamities incident to that event none can surpass the introduction of small pox into this continent, which took place in 1517, twenty-five years after its discovery. It is stated, on the authority of the Spanish historians, that in a very short time after the infection reached Mexico, three millions and a half of people were destroyed by it in that kingdom alone. Among the victims was the Emperor, the brother and successor of the brave but unfortunate Montezuma. (Robertson's History of America, Vol. IV., Chap. VIII.)

From the revival of learning to the present period, no subject has attracted the attention of physicians, both speculative and practical, more than small pox. Every medical writer has treated of it, and some have devoted themselves exclusively to its study. It would be vain, therefore,

to attempt more than a brief allusion to those who have distinguished themselves in this department of medical enquiry.

The humoral doctrines which prevailed in the schools during the sixteenth century led to the universal adoption of the hot or alexipharmic mode of treating pestilential and malignant diseases, including small pox. Sennertus gives the following account of the practice pursued in his time, (1628). The great object was to expel the noxious humor by perspiration, to accomplish which various decoctions of warm seeds were directed, containing mithridate, bezoar, and other drugs, denominated alexipharmic and sudorific. "While using these, every attention is to be paid, especially in winter, to prevent the admission of cold air. The patient is, therefore, to be placed in a warm chamber, and carefully covered up in red blankets, lest by closing the pores of the skin the efforts of nature should be impeded, the humors driven in upon internal organs, and matters which ought to be expelled retained within the body, to the imminent danger of the patient, and the certainty of increasing restlessness, fever and other symptoms."

Such had long been, and such was the state in which Sydenham in 1667 found the theory and practice of small pox. Bad as that practice was, it yet had the support of all the learning and all the prejudices of the age. It required, therefore, talent and boldness successfully to oppose it. Sydenham began by separating small pox from measles, with which from the days of Rhazes it had been so strangely, yet so obstinately associated. He divided small pox into two kinds, the distinct and confluent; treated with the greatest accuracy the usual course of both, and added many important remarks to the detail of symptoms given by others, particularly with regard to prognosis.

Of the intimate nature or essence of small pox he professed his ignorance in common with the rest of mankind, but adds immediately afterwards his suspicion that it consists of a specific inflammation of the blood and other humors, and that the inflamed particles, when duly digested and concocted, are expelled from the body in the form of little abscesses. The chief merit of Sydenham consists in his criticisms on the prevailing treatment of small pox. These, though worded with the most scrupulous care, and an anxious wish to avoid hurting the feelings of his professional brethren, yet exposed him to much obloquy, and he was calumniated as an innovator and a homicide. He introduced what is now called the cooling regimen, including fresh air, light bed coverings, and abstinence from wine and all sweating medicines. The medicines which he chiefly relied on were moderate bleedings, acidulated drinks, and opiates. It is stated

that his principal faults consisted in the timid employment of purgatives, and his fondness for blisters.

Boerhaave, who was born when Sydenham was at the height of his fame, (1668) entertained the highest admiration of him, and was contented to adopt, almost without alteration, the description and treatment of small pox given in his works. But Boerhaave has the great merit of first putting prominently forward contagion as its direct exciting cause. He acknowledges "that as the first man who suffered from small pox must necessarily have received it without contagion, so may it still be occasionally engendered by causes of which we are ignorant. Nevertheless, as a general law, it may be stated that the contagion once generated multiplies itself without any assignable limit, as the smallest spark may spread the widest conflagration." (Van Sweiten's Commentatries, Vol. V., page 18). The theory and treatment of natural small pox, placed thus by the combined labors of Sydenham and Boerhaave upon their supposed proper footing, underwent no important changes during the last century. The attention of authors was then directed almost exclusively to the new discovery of inoculation.

The disease is so well known that it is unnecessary to go into a description thereof, and the variety of treatment adopted; suffice it to say that it was divided into natural small pox, which occurs casually, and for the first time in those who have undergone no preparatory process. Secondly, as it occurs to those who in early life have undergone the process of vaccination, it is called the mitigated or modified small pox. Thirdly, as it occurs in those who have been inoculated with the *variolous virus*, —the inoculated small pox.

It is commonly stated that one-fourth of those who are attacked by small pox in the natural way, perish. The records of the small pox hospital, (London,) indicate a somewhat higher proportion. The deaths during the last fifty years at that institution have averaged thirty per cent. The extremes being eighteen and forty per cent.

The days of greatest mortality, or "critical days," as they are called by the old authors, have been much commented upon, and in all ages it has been observed that the eighth (counting from the day of eruption) is the day of greatest danger.

Prior to the introduction of vaccination, according to Dr. Gregory, (Tweedie's Library of Practical Medicine, 2d American edition, 11, 324, Philadelphia, 1842,) the deaths by small pox were, to the total deaths in in town and country, in the ratio of 16 to 100, or about one-sixth. Of those attacked the mortality is usually stated at one to four. This, accor-

ding to Dr. Stewardson, was the mortality at the small pox hospital of Philadelphia during the years 1840–'41, and '42, a much smaller proportion than in the epidemic of 1823 and 1824, described by John K. Mitchell, M. D., and I. Bell, M. D., (North American Medical and Surgical Journal, Vol. 2d, 1828), in which more than one-half the unprotected cases died. In an epidemic small pox which visited Malta and Gogo in 1830 and 1831, the mortality amongst those not vaccinated was, according to Dr. George Davy, 1 to 4. 7. (Notes and observations on the Ionian Islands, &c., London, 1842).

The numerical method has not, however, been extensively and vigorously applied to this subject. The mortality seems to vary in different places. Thus from primary small pox in London it has been estimated by Dr. George Gregory at 36 per cent.; while in Germany, according to Heim, it was only 20 per cent. From accurate statistical accounts, taken by the Registrar General of England, it would appear that in 1837 there were only five diseases more fatal in England; and that the deaths by it throughout England and Wales amounted to about 12,000 annually. Since then the number has fluctuated from 16,268 in 1838, to 9,131 in 1839. (Mr. W. Farr, in third report of Registrar General, 1841).

Not deeming it necessary to go into the variety of treatment adopted in small pox, the statistical accounts named being sufficient evidence of its unadaptedness to the disease, we will merely mention a new treatment introduced by Dr. Andrew Nebinger, of Philadelphia, and reported in the transactions of the Medical Society of the State of Pennsylvania for May, 1856, page 173. The Doctor says: "Much of the small pox that I saw during October, November and December was of the confluent and semi-confluent types, positively bad and exhausting, requiring for the comfort and safety of the patients a supporting and decidedly nutritious diet; large quantities of which had to be given from the period the eruption became vesicular. My experience is, that of all the patients who were severely afflicted with this loathsome disease, those who took very large quantities of nutriment suffered the least, and had more speedy convalescence. Nor is this my experience of bad cases in 1855, alone. I have found it successful in other periods when small pox prevailed epidemically in Philadelphia. I have my fears that in small pox the abstinence treatment is often carried too far. By the abstinence treatment I mean that dietetic regimen, by which the patient is not permitted to take a large quantity of such articles of food as abound in the proteine elements, out of which the digestive apparatus is able to combine such of them as will best produce for the blood, a pabulum so constituted

as to respond to the exalted and urgent demands of an impoverished system. My practice has been in all cases of small pox during the initiatory, or febrile and papular stages of the disease, to prescribe an antiphlogistic medicinal and dietetic treatment, but to abandon this form of treatment as soon as the papules begin to take upon themselves the vesicular form, and then commence a treatment which in all its essentials shall be supporting. In carrying out this treatment I have found no diet so useful, so grateful to the patient, or that gave less inconvenience to swallow when the mouth, fauces and throat were studded with pustules, as a combination of eggs, milk, sugar and ice, made in the proportion of one egg well beaten, a quantity of sugar suited to the taste of the patient, and half a pint of milk, to be taken as cold as the patient desires. When the necessity for stimuli existed, as it does in all cases of confluent small pox, I have added brandy, or what I think better, Monongahela whiskey, because for purity it can be more safely relied on, and can be more easily obtained. I have four patients, adult males, who are convalescing from very severe and exhausting attacks of confluent small pox, each of whom, during several consecutive twenty-four hours took as many as twelve eggs and from two to three quarts of good new milk; and yet with all this supporting diet, this most excellent proteine or highly nitrogenized food, these poor fellows barely escaped sinking into the grave, each of them having had for two days (notwithstanding they were so vigorously supported with food) that peculiar tremor which is always the unmistakable evidence of a breaking up of the vital forces. I know from what I have heard and witnessed, that the dietetic regimen in variola is too frequently defective, both in quality and quantity. I would also remark that in the cases to which I have been referring, I do not restrict patients to eggs and milk, but permit them to use meats, poultry, in short any food abounding largely in the proteine elements, and that I do not only permit of their use but urge it upon them, with assurance that in such cases to eat is to live, to abstain is to die.

"Before closing my remarks upon small pox," says the doctor, "I cannot withhold making some observations relative to the secondary fever of which we have at times heard much, and which is so pointedly and definitely dwelt upon by writers, with the recommendation that 'when it supervenes an anti-febrile medical and antiphlogistic diet must be given to the patient.' From this doctrine I must dissent. The secondary fever, so called, of small pox, I always hail as a happy evidence of the well doing of the patient. It is nothing more or less than a febrile excitement produced by the irritation, or if you choose, inflammation of the surface of

the body by the pustules. While this secondary, or more properly, initiative fever continues, I have but little fear for the safety of my patients, for the reason that it is *sthenic* in its form, and gives evidence while it continues that the vital forces are not at a low degree. This condition of the system I desire to encourage, maintain and regulate, not destroy; therefore, I ply most diligently and perseveringly my compensative nutritive treatment, supplying the blood with the materials necessary to carry on a vigorous and rapid maturation of the pustules, and all the offices of vitality."

Thus we find a diversity of treatment, without any correct principle whereon to base the prospect of cure; and we are led to admire with gratitude the immortal Hahnemann, who has given us a just and correct principle whereon we may build the superstructure, with this inscription blazing forth in the fullness of its glory, "*Similia, Similibus, Curantur;*" and while we discard the lancet, the emetic and the purge, we feel assured that with the *aconite*, the *vaccinine*, the *belladonna*, the *sulphur*, the *causticum* and *mercurius corrosivus*, we have the weapons, which will enable us to grapple with that terrible disease, which produces terror and dismay in all its course, and rob it of its fatal results.

It now becomes our duty to look at the other division of our subject, viz: "Kindred pustular diseases," which leads us in the first place to give but a bird's eye glance at the old theories, of measles, scarlet fever, chicken pox, erysipelas, etc., they being a part and parcel of that relation adhered to in past ages, but not being strictly pustular diseases, do not properly belong to our subject. There is but one other eruptive pustular disease that can possibly claim any kindred to small pox, and that is of doubtful character, viz., cow pox. We find as much difficulty in tracing the history of cow pox, to fix its origin in small pox, as we do the origin of small pox itself. Our first acquaintance with cow pox, according to Jenner and others, is in the heels of the horse, and from thence through the groom to the udder of the cow. We there find a disease whose appearance differs from small pox, although pustular, yet possessing such prophylactic properties as to protect from small pox, in a very large majority, those having the disease, but differs from small pox in many of its particulars. It is not contagious in its character, but is only produced in the human subject by inoculation. It differs somewhat in the form of its pustules, particularly in the cow, and according to Jenner, runs its course in a somewhat shorter time.

We will now glance at the early history of each supposed kindred pustular disease, as laid down by the early writers. *Rubeola* or measles

being the first named, which is the *rougeole* of the French, the morbilli of Sydenham and other old authors, is an exanthematous disease, characterized by the following symptoms:—A fever, with catarrhal complications which at the end of seventy-two hours throws out an abundant eruption, consisting of minute confluent papulæ, slightly elevated above the surface of the skin, and subsiding in three or four days; the catarrhal symptoms, in all normal cases, declining on the appearance of the eruption, but sometimes, especially in severe and irregular cases, continuing or merging in those of pneumonia. The disorder, for the most part, occurs to all mankind once in the course of life; but having undergone the disease once, the constitution remains forever after unsusceptible of the same disease, with an occasional exception. No complaint possessing these very striking features is to be found recorded in the writings of any Greek or Roman author. Dr. Willan struggles hard to prove that such a disease was known to them; but his researches have no converts. The opinions of Friend and Mead are still adopted, and we are constrained to believe that the measles is a disease of comparatively modern origin.

All our best medical historians concur in the belief that measles began to spread through the world about the same time as small pox; and that it had its origin in the same countries whence the variolous miasm arose. The shores of the Red Sea, the coasts of Arabia, and Abyssinia first experienced the assaults of this malady, and probably about the fifth or sixth century. Constantinus Africanus dates the origin of the measles two or three centuries after small pox; but we do not see upon what grounds. The first distinct allusion to measles is found in the writings of Rhazes, the Arabian physician, who is supposed to have flourished early in the tenth century (910). His successors, Ali Abbas and Avicenna, the two most distinguished authors of the Arabian school, described measles under its Arabic name, *hasba*, or *al-hasbet*. The term rubeola was introduced subsequently by the Latin translators of Ali Abbas, and by some appears to have been appropriated to that variety of exanthema, now called *scarlatina*.

The term *morbilli* was employed from a very distant period also, and seems to have included every variety of exanthema, accompanied by efflorescence. In this sense morbilli was used by Morton at the close of the seventeenth century. Sydenham carefully restricted the term morbilli to measles.

It is not only curious but instructive to trace the gradual expansion of men's minds in the diagnosis of the exanthemata. All the Arabian authors were impressed with the belief that small pox and measles were path-

ologically associated. Avicenna pronounced measles to be a bilious small pox.

In 1640, Daniel Sennertus proposed as an enquiry, why the disease in some constitutions assumed the form of small pox, and in others, that of measles.

Diemerbroeck, in a posthumous work, published in 1687, asserts that the two diseases are only different degrees of the same malady. "The matter by which measles is generated," says he, "is not so thick as in the the case of small pox. It is drier, and somewhat choleric." (Cholor, or bile, was the dry humor).

This author held that such as had small pox, were generally exempt from measles, though it is true they can challenge no absolute immunity. "Therefore," he adds, "measles is chiefly met with in young persons."

Sydenham, who was the contemporary of Diemerbroeck, and a much better physician, devoted much of his attention to measles. He described with great accuracy the epidemics of 1670–74, and his opinions concerning measles, displays singular acuteness. He permanently separated small pox from measles, which was a great step in pathology. The belief in the identity of measles and scarlatina, however, still prevailed. Twenty years after the time of Sydenham, Morton viewed measles and scarlatina as the product of the same miasm, and averred that they stood to each other in the some relation as the distinct and confluent small pox. Hence, by many authors of that age, scarlatina was called *morbilla confluentes*. Even so recently as 1779, Dr. Withering speaks of measles as being nearly allied to scarlatina. By this time, however, physicians had become sensible that the two diseases arose from different miasms. This conviction was forced upon them by observing that patients who had gone through measles were equally with others, subject to scarlatina. Ever since measles was separated from scarlatina, authors have described an exanthematic disorder, allied in aspect to rubeola, but not exhibiting any initiatory catarrhal symptoms. Such a complaint has been called *rubeola sine catarrho*, or *incocta*. By some it is called the bastard, spurious, or imperfect measles. Much attention has been paid to it in Germany. Dr. Willan's opinion on it seems to guide the pathologists. He considered it as a species of measles, arising from the true rubeolous poison; but he added, "persons receiving the miasm in this form, are peculiarly liable to a second attack of measles."

This last admission seems to us nearly decisive of the question. We believe such cases are cases of febrile lichen. We are inclined to lay all the stress on the duration of the initiatory fever. If this extends to seven-

ty-two hours, the disorder is measles, whether catarrhal symptoms be present or not. On the other hand, if a rash of a rubeolous character succeeds a brief period of febrile commotion, (24 or 48 hours,) the disease is not measles, and the child will fall into true measles at some subsequent period of life.

Some modifications occur even in the most regular measles. One of the most familiar is an abundant crop of miliary vesicles on the arms and trunk, filled with a thin transparent lymph, and of such size and distinctness as to create a suspicion of the disease being small pox. We may well believe that the frequency of this event led originally to the idea of identity. Measles of this kind has been called rubeola varioloides. Pathologists have reasoned themselves into the belief that this symptom is owing to a peculiarly inflammatory state of the cutaneous capillaries; but it will be observed in mild cases, unaccompanied with high fever.

Another anomaly merits notice: the reappearance or exacerbation of the rash after having reached or passed its regular crisis. Dr. Willan first noticed this circumstance. He records two cases of the kind. Frank, of Vienna, has observed the same thing. Dr. Connolly recites a like case, where the renewed eruption was so copious and intense on the face as to make it impossible to recognize the features. A similar case occurred to Drs. Seymour and Chinnock. Ten days elapsed in this instance before the renewal of the exanthematic action. By most authors it is stated that the decline of measles is attended with desquamation of the cuticle, the scales being so minute that the body appears as if sprinkled over with fine bran. That this is perceived in some cases is unquestionable; but in many no such destruction of cuticle takes place. The cause of desquamation is the intense heat of skin which dries up and kills the minute fibrils connecting the cuticle with the corion. Desquamation does not form that striking feature of measles which it does of scarlatina and erysipelas, because the heat of surface seldom attains the requisite degree of intensity.

The following are the observations of authors regarding the proportion of deaths to recoveries:—In one of Sir W. Watson's epidemics the deaths were as high as ten per cent. Dr. Home estimated the proportion at eight per cent. Mr. De LaGarde states that at Exeter, in 1824, he lost eight per cent. Dr. Percival, of Manchester, lost ninety-one out of three thousand eight hundred and seven, which is one in forty, or two and a half per cent. In 1839, there died throughout England and Wales by measles ten thousand nine hundred and thirty-seven persons; this, at

three per cent., would make the total attacked three hundred sixty-four thousand five hundred and sixty-six, about the number of those born who attain the age of three years.

The pathology of measles (by which we understand all speculations regarding the causes of the disease) affords much curious matter for enquiry. That measles is the product of a specific miasm, and is never generated, *de novo*, is now the universally admitted doctrine. Historical facts countenance this opinion. Measles never gained footing at St Helena until 1808. For twenty-five years it was absent from the island of Maderia; and when in 1808 it did invade the island, it found the whole population susceptible; in four months it destroyed seven hundred lives. Australia and Van Dieman's Land are to this day exempt from measles. They have, indeed, what is called Van Dieman's Land Measles, which is a species of febrile lichen, affording no protection against the measles of this country.

The inoculation for measles was first thought of by Dr. Home, of Edinburgh, in 1758. He inoculated with the blood, applying cotton dipped in the blood of a measly patient to a wound in the arm. We read that febrile symptoms appeared on the sixth day, of a mild character, and that no secondary complication ensued. Early in the present century, Mr. Wachsel, of the small pox hospital, inoculated a lad, Richard Brooks, with the fluid taken from some of the measly (or miliary) vesicles, and the inoculation was successful. In 1822, Professor Sparanza, of Mantua, inoculated himself and six boys, in the manner recommended by Home, with complete success. In other trials it does not appear that the resulting disorder was at all mitigated.

The latest recorded experiments are those made in 1842, in Hungary, by Dr. Catona. We are informed that he failed only in seventy-eight cases out of one thousand one hundred and twelve, (seven per cent.); that the resulting disorder was mild, contrasting favorably with the severity of the reigning epidemic. No deaths occurred among the inoculated. The infecting blood was drawn from the surface most efflorescced. We further learn that a red spot with surrounding aréola followed. On the seventh day, rigors occurred, with the usual catarrhal symptoms. On the ninth or tenth day, eruption manifested itself, which declined on the fourteenth. On the seventeenth day from inoculation (seventh or sometimes eighth from eruption) the patient was convalescent. These experiments certainly merit more attention than they have yet received.

Scarlatina comes next for our consideration. The extent and severity

of scarlet fever at the present time are such as to demand the most patient attention. It is obviously an increasing malady, and seems likely to occupy that painful pre-eminence among the fatal diseases of early life which small pox formerly enjoyed.

By whom the term scarlatina was first used is not well known,—perhaps by Sydenham, there being no traces of the word before his time.

The mild variety of the disease described by him existed in the East at a very early date, but we search for it in vain in the writings of the ancient Greeks and Romans. It probably invaded the world soon after small pox and measles made their debut, for the Arabian physicians describe a species of measles, which from the extent of desquamation we may be assured was scarlatina. In the ages which succeeded, scarlatina continued to be confounded with rubeola.

In the year 1610 an epidemic angina, with scarlet eruption, raged in Spain, from which country it passed over, 1618, to Naples, then governed by a Spanish viceroy. The first authors on the anginosa or malignant scarlet fever, therefore, are Spanish and Italian authors, viz:—Ludovicus Mercatus (1612), Michael Heredia (1626). The latter is peculiarly full and clear in his descriptions. The Italian authors are Sqambatus (1620), and Otinus Clerus (1636). Sennertus noticed the same disease in Germany about 1625. The milder type was seen by Sydenham, in London, between the years 1670 and 1675. He describes it as a disease more in name than in essence, and fatal only through the officiousness of the physician. He was ignorant of any connexion existing between it and the *angina putrida maligna* of the continental authors of that day.

Scarlet fever, in its mild form, first reached Edinburgh in the year 1680. Sir Robert Sibbald, physician to King Charles II., for Scotland, says: "It is so recently introduced, and so little understood, that I cannot venture to offer any observations either on its treatment or theory." Morton described scarlatina as it appeared in London, in 1689, and three following years. It was a severer epidemic than that witnessed by Sydenham, but Morton was so fully convinced of its intimate relation to measles that his details cannot be trusted. In 1747–48 London experienced a severe scarlatinal epidemic. The historian of it was Dr. Fothergill, then a young man entering on his prefessional career. His work was entitled "An account of the sore throat attended with ulcers, a disease which hath of late years appeared in this city, and several parts of the nation." It was prefaced by a very lucid explanation of the opinions of the continental writers of the preceding century. He

distinctly traces the disease to "the reception into the habit, of a putrid virus, or miasm *sui generis*, by contagion, and principally by means of the breath," but he professes his inability to explain the cause of its peculiarly malignant or putrid tendency.

The same epidemic spread to Plymouth, where it raged from 1757 to 1753, and was most ably described by Dr. Huxham. In 1751 an epidemic scarlatina devastated Birmingham, of which Dr. Withering has published an account. In the first edition of his work (1779) Dr. Withering drew a formal diagnosis between the scarlatina anginosa of the old authors and the angina maligna or ulcerous sore throat of Fothergill. In 1793 a second edition of this work appeared, wherein Dr. Withering abandoned his early prepossessions, and with great but unusual candor proclaimed his belief in the identity of the two diseases—a doctrine which has never been questioned since that period. Sauvages, in 1767, and Cullen, in 1792, had separated them in their nosologies.

As this opinion of Dr. Withering, therefore, forms an epoch in the history of scarlatina, I shall give you his precise words (dated 1793):—"From the most assiduous attention to this disease during a period of fifteen years,—from observing it in every difference of season, exposure, age and temperature, I am now persuaded that the scarlatina anginosa and angina gangrenosa constitute but one species of disease—that they owe their existence to the same specific contagion—that the varieties in their appearance depend upon contingent circumstances, and that their greatest differences are not greater than those of distinct and confluent small pox. Scarlatina, taken in its widest sense, is a fever sometimes inflammatory, sometimes typhoid, the offspring of a morbid poison gaining access to the body by the mode of infection only, characterized by a short period of incubation, an eruption rapidly developed, and an inflammation of the fauces, having a strong tendency to terminate by sloughing. In its mild form, the disease does not last more than a week; but when assuming its aggravated type, it may be protracted to a month, or terminate fatally in a few hours. Such a disease does not, like measles, invade a large proportion of mankind during infancy, but having been undergone, the susceptibility to future attacks is exhausted in a very large majority. It differs very materially from small pox, in that it leaves its remnants, in many instances for life—deafness, blindness, etc. When we investigate the pathology of scarlatina, we find laws which govern the phenomena of the disease—its rise—its symptoms—its varieties—its complications. The subject is one of great extent and intricacy,

but it is one also of much pathological interest, and of some practical importance."

The notion that scarlet fever was the result of a morbid poison was one of very early growth. Morton expresses very clearly and pithily the opinions entertained during the seventeenth century on this subject. "The proximate cause of scarlatina," says he, "is a poison defiling the animal spirits, which malignity does not only overwhelm the spirits in its first attack, but by agitating the mass of blood, breaks it down into an acrid colluvies more energetically than any other ferment."

Navier, (a French author) who has given the history of the epidemic of 1753, goes still further, and attempts to connect this poison with that which occasions the distemper of horned cattle—a distemper which prevailed in London in 1839, and which has lately devastated Egypt. "In this bovine epizootic," says Navier, "the convalescent beasts lose their hair, and their skin peels off. When they die, the vicera are always found more or less in a gangrenous state." He gives it as his opinion that the contagion of scarlet fever originated with cattle, and was by them communicated to man. He traces also some connection between these complaints and small pox. We mention these circumstances, because they prove how early the attention of men's minds was directed to the analogy between the diseases of men and cattle, a doctrine which, investigated by the genius of Jenner, led afterwards to such brilliant results.

Scarlatina is peculiarly a disease of temperate climates. It is comparatively rare in Bengal. Dr. Jackson, formerly of Calcutta, says that he cannot recall to mind having seen any cases in India deserving the name of scarlatina. In Australia and Van Dieman's Land, scarlatina is still I believe unknown. America did not receive the contagion of scarlatina till the year 1735, as we learn from a curious paper by Cadwallader Colden, Esq. (Medical Observations and Inquiries, Vol. 1, page 211). Its progress over the continent was singularly slow, but attended with great loss of life. "Like most new diseases," says Mr. Kearsle, describing the epidemic that began in 1746, "it baffled every attempt to check its progress. Villages were depopulated by it, and parents left to bewail the loss of all their children."

Scarlet fever effects the sexes in equal proportions, and very remarkably. In 1838 it destroyed in London seven hundred and forty-seven males, seven hundred and seventy-seven females. In 1839, one thousand two hundred and forty-one males, one thousand two hundred and fifty-eight females. Throughout England and Wales, in 1840 (exclu-

sive of the metropolis) eight thousand nine hundred and twenty-seven males, eight thousand nine hundred and thirty-five females. The infecting distance of the miasm has not been investigated; but it is found that when it invades a school, no precautions avail anything towards preventing the spread of the infection. This has been proved at the London Foundling Hospital. At Achworth, in 1803, the contagion lingered in the school for four months, in spite of every effort. With regard to the susceptibility of this complaint, Dr. Binns tells us that out of two hundred and sixteen scholars at Achworth school, one hundred and eighty-four were affected. Dr. Adams remarks that this is a larger proportion than is commonly found susceptible in districts or families. Like all other miasms, that of scarlet faver is capable of attachment to fomites, especially clothes.

No doubt exists that, in a very large proportion of cases, scarlet fever is the product of a specific miasm; but the question may well arise, whether any combination of circumstances can develop any eruption possessing the character of scarlatina. Dr. G. Gregory says there can. He states he has seen scarlet eruptions, in no respect different from that of ordinary miasmatic scarlatina, arising from exposure to cold and moisture. He gives the following case: A young man went to the river to bathe. He walked in a hurry, plunged in when overheated, and two days afterwards I saw him covered with scarlet eruptions. He had sufferred in the same way once before. The Doctor says I have often seen true scarlatinal eruption occurring in the progress of the secondary fever of small pox, without any grounds for believing that contagion had operated. It seems as if secondary fever can develop this eruption in the same way as it throws out erysipelas.

We hear it said that ignorance at times is bliss, but certainly we see it the mother of devotion; and notwithstanding the illustrious Hahnemann has given us such brilliant provings of belladonna, with not only its prophylactic virtues, but its curative power in true scarlet fever, yet the physician of the old school is so wedded to his prejudices, that he cannot see its effects in producing symptoms similar to true scarlet fever. The conflicting statements of authors on the vexato questio of secondary attacks of scarlatina are numerous. Dr. Willan (certainly one of the most acute and careful observers of the disease) says that out of two thousand cases which he attended he saw no instance of recurrence. Dr. Currie, of Liverpool, who devoted much attention to scarlatina, was compelled, by the result of long experience, to "confess, the same individual is liable to scarlatina once only." Sir Gilbert Blane, on the other hand, met with

one instance of scarlet fever occurring thrice, and, as he says, "without the least suspicion of ambiguity." Dr. Binns inclines to the occasional recurrence.

Exceptions do occur. Nevertheless, "the law of exhausted susceptibility," as Dr. Willan calls it, is very strongly marked in this disease.

We recollect seeing a case of a child, who had three attacks in as many years, and have seen the second in several instances, of well defined scarlet fever.

Scarlatina is one of the very few diseases to which the fœtus in utero is liable. Dr. Gregory says that on the 28th of April, 1839, his youngest son was born, evidently suffering under some form of fever. The throat was effected on the following day, obviously from angina maligna. Eruption was never developed. The child drooped and died on the first of May.

Attempts have been made to produce scarlet fever artificially by inoculation with the blood, or with the serum of miliary vesicles intermixed with the specific eruption. We are informed that scarlet fever, unmitigated, was subsequently developed.

There is great diversity in the aspect of scarlet fever. Can any explanation of this phenomena be offered which is satisfactory? Is it attributable to the weather, to diversities of individual habits, to diversities in the quality of the contagious miasm? Statistics teach us that season has nothing to do with it. Dr. Gregory says the year 1839 was peculiarly fine, yet in that year scarlet fever raged like a pestilence, and that bad cases sometimes propagate mild cases, and vice versa; but we cannot shut our eyes to the fact, that, on a large scale, we find mild cases succeeding each other, and severe cases producing severe cases; that he is inclined, therefore, to attribute something to the quality of the infective miasm; but he candidly acknowledges the obscurity in which this branch of exanthematic pathology is involved.

We are happy to be enabled to say, that with all the variety of symptoms and violence of disease in scarlet fever, we possess a controlling power, to lessen the mortality and suffering, through a judicious Homœopathic course of treatment.

Erysipelas now comes in according to arrangement. This is called the *rose, ignis sacer*, and *St. Anthony's fire*,—an exanthema. It is, in fact, the link which connects the purely zymotic exanthemata with those diseases of the human body which originate from internal causes and are unconnected with specific miasm. It was well known to the Greeks and

Romans, and we retain the name which Hippocrates and the Greek physicians originally gave it.

The term St. Anthony's fire was first applied to this disease in the dark ages of literature, when all the little physic that was known was monopolized by monks and ecclesiastics, who, in cases of difficulty, naturally sought aid in prayer and invocation. Diseases came thus to be consigned to one or other of the many saints in the Romish calender. The intercession of St. Nicasius was implored in small pox. St. Vitus's shrine was sought by those who laboured under chorea. Erysipelas had for its patron, St. Anthony. The circumstances which led to this selection are not unknown. In 1087, a pestilential erysipelas, or sacred fire, ravaged the interior of France, and especially the district of Dauphine. Now it so happened, that two years previous to this epidemic, the bones and relics of St. Anthony had been brought from Constantinople by the pious care of Joselin, a nobleman of that country, and deposited in the church of a benedictine priory, in the neighborhood of Vienna. Numbers of pilgrims flocked thither, and many miraculous cures were performed, according to history. This success fixed St. Anthony in the perpetual patronage of erysipelas.

We may gather something from the simple fact that erysipelas was known to, and well described by Hippocrates. It shows us that physicians who could so distinguish erysipelas, would not have failed to describe, with equal accuracy, and to name with equal judgment, small pox, measles and scarlet fever, had those diseases existed in their day. Their not doing so is proof positive that such diseases did not exist. It shows, further, that there must be something very different in the great pathological features of erysipelas from those of the three greater exanthema; else how did it happen that erysipelas should have been known to them and not the three others? Erysipelas differs from the other exanthema, from the fact that the constitutional susceptibility (as in the case of the three great exanthemata) not being exhausted by one attack, the disposition to the disease seems often, as life advances, to augment with each successive attack. Nosologists differ as to its true situation, whether among the exanthemata or the phlegmasia. There are strange contradictions in the statements of authors regarding the mode of its propagation, and still wider differences of opinion in respect to the best method of treating the disease. The great apostle to the Gentiles, says "Oh foolish Galatians, who hath bewitched you that you should not obey the truth;" and well may we say, oh foolish physicians (of the allopathic school) who hath bewitched you that you do not obey the truth, when with the Aconite,

belladonna, rhus radicans, etc., you would have in your hands the weapons not only of defence but cure. With regard to nosology we have outlived that idle display of learning, which made it an object of importance, to what class or order any particular disease was to be assigned.

In ancient times, Hippocrates, and the followers of the Hippocratic or humoral pathology, held erysipelas to be a disease originating from some intestine commotion of the humors, which threw off, or eliminated the peccant matter by means of the skin. This doctrine continued, with very slight change of phraseology, to be generally received by pathologists until a comparatively recent period. Dr. Cullen says: "I consider the erysipelas to depend on a matter generated within the body, and which, analogous to the other cases of exanthema, is, in consequence of fever, thrown out upon the surface of the body." He admits a species of erysipelas (or rather erythema) arising from an external cause, capable of throwing off contagious emanations, but he makes no mention of morbid poison or miasm primarily giving rise to it. His words are: "This disease is not commonly contagious, but as it may arise from an acrid matter externally applied, so it is possible that the disease may sometimes be communicated from one person to another.

The first inroad upon the old notions concerning erysipelas was made by Dr. Wells, who in 1798, published some statements showing the contagiousness of erysipelas, the frequent spreading of erysipelas in hospitals, and the difficulty in explaining that circumstance on any other principle than that of the generation of erysipelas by a morbid poison or miasm. Sauvages, in his "Nosologia Methodica," published soon after his death, (1767,) admits an erysipelas contagiosum. We cannot detect any trace of the doctrine of miasmatic erysipelas prior to the year, 1760.

In the summer of that year, a person laboring under erysipelas of the face, was brought into the St. Thomas' hospital, where he died. Another patient having a different disease, was put into the same bed before it was duly purified. This patient was shortly after seized with erysipelas of the face. Several other persons in the hospital were then attacked, among whom was an upper nurse, or sister, and she died. Dr. Baillie informs us that during the year 1795 and 1796, erysipelas of the face was much more frequent at St. George's hospital than he had ever before known it to be. Many persons, he says, were attacked by this disease after they came to the hospital; and as the cases in a particular ward were more numerous than in any other, Dr. Baillie was led to suspect that the disorder was contagious. He is silent, however, on the subject of origin. M. Calmiel, writing in 1828, says, "there are years when, in the hospi-

tals for the insane in Paris, erysipelas is almost indefinitely multiplied; so that it is necessary to suspend all treatment by counter irritants, because they are almost certainly followed by erysipelas. Even the opening of a vein, or the application of leeches, is followed by a like result." M. Valpeau, writing in 1831, describes the epidemic prevalence of erysipelas in the hospital de la Pitie, where he notices, that both in the medical and surgical wards, the application of leeches, a trivial operation, or even an accidental puncture, brought on this inflammation with all its consequences. Blache and Chomel also mention the epidemic prevalence of erysipelas, and instance the autumn of 1818, a year of excessive heat and long drought.

Of all the Paris hospitals, the Hotel Dieu is that which has suffered most frequently and most severely by this terrible scourge of hospital establishments.

Dr. Gregory remarks, there is not, I believe, a single hospital in London which has not, at times, been afflicted in like manner. At St. George's I have several times seen erysipelas so prevalent that operations were postponed for fear of the patient being subsequently attacked by it. The doctor further states, that being connected for more that twenty years with the small pox hospital, has given me abundant opportunities, not only of confirming the truth of these positions, but of showing that we may carry our views much further. I feel persuaded first, that erysipelas may commence in an hospital, without the suspicion of importation; second, that being so generated from what, until we get a better name, we will call a hospital miasm, it may spread by contagion; third, that the miasm generating erysipelas is identical with that which in lying-in hospitals generates puerperal peritonitis; and in foundling hospitals and work house nurseries gives rise to pudendal gangrene and umbilical ulceration; and in army hospitals generates gangrene; and in hospitals differently circumstanced, is found to occasion a malignant form of cellular cynanche, and sometimes the most aggravated type of typhus gravior. Dr. Rollo, in a treatise entitled "A Short Account of a Morbid Poison acting on Sores," and published very early in this century, distinctly announces the principle, and illustrates the intimate connection between erysipelas and hospital gangrene, and that much depends on a peculiar but hitherto undetected condition of the atmosphere. He is led to this by observing that erysipelas sometimes shows itself in the most airy, least crowded, and best regulated hospitals. We know, on the authority of Dr. Lind, that in Batavia and other localities notorious for malaria, hospital gangrene, and erysipelas, and every sort of associated disorder prevailed with intensity at certain seasons.

Dr. Wells has detailed a variety of cases of erysipelas spread by contagion in private practice, and under circumstances calculated to exclude all agency save that of simple contagion.

The miasm of small pox, measles and scarlet fever, operate on the human body without predisposing causes. That is not the case with erysipelas. It has long been known that certain conditions of the body favor very much the development of erysipelas. Dr. Willan was of opinion that erysipelas could be propagated by inoculation. He tells us that the fluid secretion of the vesicles will occasion a red, painful, and diffuse inflammation of the skin, and in all respects like that of true erysipelas.

With reference to statistics, there cannot be much said. It has been conjectured by Dr. Williams that the rate of mortality varies from one in three to one in fifteen (thirty-three per cent., down to six or seven per cent).

We shall offer a few remarks in reference to the contagion of puerperal peritonitis, and which is allowed and fully considered by some to be erysipelas, in its malignant form; and in a great majority of cases, proves fatal. We recollect a few years since having a number of cases, which followed in succession after accouchment. The first case was that of a young lady with her first child. She was well put to bed without any unusual circumstances attending the case. On the second day she was seized with violent pains in the abdomen, which might have been taken for after-pains, and which went on increasing in violence; fever set in, which terminated in death in a few days. This case was followed by another, and another, and yet another, until the fourth died, all in rapid succession. The fifth case was attacked with a violent pain, swelling and inflammation of the left elbow, attended with fever, which disabled the patient from using the arm. However the secretion of milk took place, the lochia was not suppressed, and the patient recovered, but slowly. I attributed much of her recovery to the attack falling on the arm. I used a variety of remedies in the treatment, but without any relief; the disease went on in despite of all remedies. I was led to refuse the attendance of any new case, for a length of time, as the disease followed me to every case, proving to my entire satisfaction that I carried the infection with me.

One case was yet more decided. I was called in great haste to visit a lady, not knowing at the time that she was in labour (during the prevalence of the epidemic above described). I made an examination, and ascertained that it was not necessary to remain with the patient; recommended their sending for another physician, and left. This lady was not

put to bed for one week after. She then was attended by an allopathic physician. She was well put to bed, but puerperal peritonitis set in as usual, commencing on the second day, and terminated in death in spite of all the efforts used, which were neither small nor few. The question here arises, did the infection follow me to this case? This was the last case I saw for a length of time, deeming it my duty to refuse attending any until the epidemic subsided, and the atmosphere of that particular locality purified, and all danger of my carrying the infection removed. Since then I have had a number of cases, which were successfully treated with aconite alone, and warm applications to the abdomen, six drops of the third attenuation of aconite to six table spoonfuls of water, a tea spoonful every half hour until the pain became less, with cloths rung out of hot mustard water, and applied to the abdomen. I found this plan to succeed without a failure if attended to in the first stage, looking upon the aconite as a specific in such cases. A neighboring allopathic physician was so unsuccessful during the above epidemic, losing about twenty cases in a very short time, (after the most vigorous treatment, large bleeding, small bleedings, large and small doses of calomel, and every other treatment thought of,) that he had to leave his home for a time. In the lying-in department of the Pennsylvania hospital, much the same state of things occurred, many deaths and few if any cures, under the best allopathic treatment the city afforded, until finally they refused taking in any more patients till the house was well purified, and all means used to rid it of the contagion.

Sufficient has been said to establish the truth of the contagion of erysipelas under the circumstances named. And yet we are not prepared to acknowledge any particular relation to small pox.

Cow Pox now follows as the last of the eruptive diseases, supposed to have any connection with variola. The first notice of cow pox is to be found in a weekly paper, published at Gottengen, England, 1769, where we learn that such a complaint was not uncommon in the neighborhood of that town, and that those who caught it from the cows, flattered themselves they were secure from the infection of small pox.

A notion of the same kind had long prevailed in Gloucestershire—a great dairy county, and had often been forced upon the attention of the provincial surgeons. But no one thought seriously of this rural tradition, or dreamed of applying it to the general benefit of mankind, until Jenner arose.

Dr. Jenner was born at Berkley, in Gloucestershire, on the 17th May, 1749. He displayed an early taste for natural history, and was thrown

from infancy among dairies and dairy maids. There he heard of the cow pox, and appears, almost from the first, to have foreseen the uses to which it might be turned.

In 1780, he first conceived the magnificent project of perpetuating and propagating this disease by inoculation, and thus extending its benefit to the whole world.

It is a very curious circumstance that so far back as 1782, when Dr. Archer was physician of the small pox hospital, London, Catharine Wilkins, from Cricklade, in Wiltshire, who had had the cow pox casually during early life, was tested with variolous matter at the small pox hospital, and found to be unsusceptible.

It was not until the year 1796, that Jenner began to experiment with cow pox, although he had been talking and inquiring about it for at least thirty years. The decisive experiment was made on the 17th of May, 1796, on a boy, eight years of age. He was tested with small pox on the 1st of July of that year, and found to be unsusceptible.

The medical officers of St. Thomas' hospital, were the first persons in England, to put Jenner's discovery to the test.

On the 20th of January, 1799, cow pox was found in Mr. Harrison's dairy, in Gray's Inn Lane, from which source, Dr. Woodville commenced a series of vaccinations. That same stock of lymph remained in use up to the year 1836.

The cow pox reached America about 1800. Dr. John Redman Cox, Sen., first introduced it into Philadelphia, and was most indefatigable in his researches and labors to spread its benefit and advantages, over variola.

Dr. Cox, in 1802, wrote to Dr. Joseph Trowbridge of Danbury, Connecticut, in reference to the appearance of cow pox, among the American cows to the notrhward; (Medical Repository, Vol. V., page 93,) to which the doctor made the following reply: "I cheerfully attempt to answer the request in your letter of the 17th March last relative to the vaccine disease among the American cows; discovered in this place in June, 1801. No traces of the disease can be discovered here, previous to the time above mentioned. It undoubtedly originated in the animals; and the matter was communicated to the two women who milked them; and no other persons either men or women ever milked those cows. The grease or scratches is not an uncommon disease among the horse kind here, especially in the winter season; but I cannot discover any case of it in that neighborhood at that time, or many months previous." Men on our farms, are not in the habit of milking, and particularly in this family, where it is clearly ascertained that none but women had milked.

In a communication from Dr. Wm. Buel of Sheffield, Con., to Dr. Cox, in reply to his of March 17th, 1802, in reference to the origin of cow pox, the doctor says: "My mind with regard to the origin of the disease is in suspense. There is an air of improbability in the theory of the origin of the vaccine disease from the heels of the horse, that I cannot get over."

Dr. Waterhouse writes to Dr. Cox, under date of March 20th, 1802, "If the disease whose history is recorded by Dr. Trowbridge, was really the genuine cow pox, and of this there seems scarcely a doubt," how can we account for its production where there appears no vestige of the grease. This must require the strictest attention to determine, as it will tend to prove the origin of the disease to be in the cow herself; or that there has been some other communication than the horse.

Among the many subjects of curiosity which the theory of vaccination opens, the chief interest now attaches to the doctrine that small pox and cow pox are diseases of the same nature.

Dr. Jenner through life adhered steadily to the notion which he had early imbibed, that cow pox and small pox were only modifications of each other. So strongly was this persuasion impressed upon him, that in his original essay, he called cow pox *variola vaccinæ*. But he went even further. He entertained the idea that cow pox was the original or parental form, which time and unfavorable circumstances had converted into the malignant variety of small pox. Jenner believed, therefore, that in giving to man cow pox, he was in reality giving him small pox in its primitive and mildest form.

Diseases that mutually produce each other are clearly referable to a common origin. Thus swine pox and small pox are the same diseases; but cow pox and small pox are differently circumstanced. In man, no combination of circumstances, however unfavorable, has ever converted cow pox into small pox; and no effort has ever succeeded in converting the small pox into cow pox. (We should suppose the foregoing remarks would, however, explode the idea of Jenner and others, that the cow pox had its origin in the heels of the horse.)

Dr. Baron and others have attempted to prove the identity of the two disorders, by reference to the history of epizootic maladies, and the frequent concurrence of a *lues bovilla*, or distemper in cattle, with variolous epidemics. Baron in his "Life of Jenner," (Chap. 7) labors diligently to prove that this bovine disorder is allied in many of its features to small pox. "A beast," it is said, "having once had the sickness, naturally or by inoculation, never has it a second time."

A second argument brought forward to prove the common origin of

small pox and cow pox, is deduced from the alleged fact, that matter taken from the cow laboring under malignant epizootic, has produced in man, by inoculation, small pox.

The experiments performed in India, in 1833, by Messrs. Furnell and Brown, which appear to bear out this assertion, are open to many sources of fallacy.

It has further been argued, in support of the same theory, that we can, by making cows breathe an atmosphere impregnated with the matter of human small pox, infect them with a pustular disorder attended with fever, the pustules so developed in the cow assuming the characteristic appearance of cow pox, and being filled with a lymph exactly resembling that of the vaccine vesicle. These facts would be very decisive if they could be relied on; but no one in this country or in India, where the experiment is said to have been made, has yet been able to verify them. Pathologists who support the doctrine of identity have abandoned these views, and maintain that the principle is fully made out by the experiment of inoculating the cow with variolous matter. Such an attempt was first made by Gassner in 1807, and it was announced that the resulting vesicle yielded a lymph, which, transplanted into the human body, produced cow pox. The subsequent experiments of Coleman, Sacco, Dr. Naylor, and others, in 1828, throws a doubt over these statements, and they are generally discredited.

In 1839, Mr. Ceeley, of Aylesbury, decided the question, by showing, in a perfectly satisfactory manner, that by operating upon the mucus surfaces instead of the more insensible corion, the cow can be made to receive the variolous poison, which the constitution of that animal converts into vaccine. The lymph thus obtained has been called the variolous vaccine, to distinguish it from that which is obtained from the idiopathic affection of the animal.

In 1836, M. Bousquet made a valuable addition to these facts, by proving that the cow will also receive the long humanized vaccine virus, and re-transmit it to man in a state of improved intensity. To this kind of lymph the name of retro-vaccine has been applied.

One effect of these experiments has been to refute Jenner's favorite notion, that the cow pox is the parent of small pox. So far as they go they tend to show that small pox is the primary, and cow pox the secondary disorder. But it may reasonably be asked, do these experiments warrant the conclusion, that cow pox and small pox are identical? To me it appears that they do not. The characters of the two are very different. Cow pox produces no eruption, no constitutional disturbance; it

throws off no contagious emanations; it can be perpetuated from man to man in a uniform state of intensity; whereas the inoculation of small pox produces the disorder in varying shades of severity. The local characters of each malady are no less strikingly contrasted. The variolous action goes on to pustulation; to the acumination of the pustule; to sloughing of the corion; to implication of subjacent cellular membrane. The vesicle of cow pox never loses its umbilicated character; no purulent matter forms; the areola is circular, not irregular, like that of the inoculated small pox.

The facts regarding the origin of vaccinia, so far as they are yet known to us, are these. The morbid secretions from the cow, which possess the singular properties of transplantation to the human system, and of producing there a like disease, which subsequently protects the human body from assaults of small pox, may be produced in that animal in four modes:

First. They are generated spontaneously in the cow, under certain circumstances of soil, season and locality. Such diseased secretions are often met with on the teats of the cow soon after parturition, in the spring season of the year, and when the animal is feeding upon young grass. It was this form of the malady, arising idiopathically, which Jenner chiefly studied, and from which all his conclusions were derived.

Second. The very same malady, developing the very same morbid secretion, is often observed to arise, or to originate in the application of the diseased secretion, thus idiopathically developed, to the teats of healthy cows, differently circumstanced, by the hands of the milker. Vaccine lymph from the arm of a child will, in like manner, excite vaccine vesicles when applied to the teats, or the mucous surfaces of the cow, even though twenty years have elapsed since that lymph had been humanized, or assimilated to the human constitution.

Third. A like morbid product, possessed of like properties, may be developed in the teats of the cow, by the application to them of matter taken from the diseased heels of the horse. Dr. Jenner was so deeply impressed with the importance of this principle in vaccine pathology, that he put it prominently forward in his very first paper, and even contended at that time that the cow pox never appeared in cows, except when they had, directly or indirectly, access to horses. Dr. Jenner believed that this affection of the heel of the horse was that commonly called by farriers the grease.

Attempts have been made to throw discredit on this supposed origin of vaccinia. Some have doubted the facts altogether. Others, as Dr. Baron and Mr. Cealsy, aver that the affection is not the pure grease, but a

disorder allied to it. The experiments of others have satisfactorily shown that vaccine vesicles may be produced in the cow by matter originally supplied by the horse.

Fourth. To the three modes so long known of exciting vaccinia in the cow, the labors of Mr. Ceeley have now added a fourth. He has proved that the matter of human small pox will excite the vessels of the cow's teat, or vaginal membrane to the production of a fluid or humor, identical in all its properties with that which arises from febrile disturbance in the cow's system, from contagion, and from the matter of grease, or some allied disorder of the horse.

To conclude, however, from these experiments, that cow pox is small pox in a modified form, it should be shown, first, that febrile disturbance of the cow is of the nature of variola; and second, that the effection of the horse's heels is also variolous. Dr. Baron and Mr. Ceeley, sensible of this, have attempted to prove both these points, but have signally failed in each instance. The variolous character of the equine affection appears to be entirely gratuitous, as also the opinion of Dr. Gregory that the lues bovilla is more nearly allied to scarlatina than to variola. In truth, it is neither the one nor the other, but an affection *sui generis*.

I would rather deduce from these experiments and observations, the conclusion at which Mr. Creaser arrived, in January, 1801, viz: "that a morbid poison applied to different animals produces not a similar and specific disease, but the disease to which the animal, from constitution and structure, is predisposed." Equine matter, long humanized vaccine lymph, variolous matter—each, when applied to the vessels of the cow, develops vaccinia. The constitution of the cow converts the variolous and the equine miasm into the vaccine miasm, in the same way as the vaccine fluid is secreted under several forms of feverish excitement.

On all these grounds, I demur to the theory of identity, and hold that small pox and cow pox are antagonist affections—that cow pox, instead of being variolous, is, in fact, of an anti-variolous nature; that it alters and modifies the human constitution so as to render some individuals wholly, others partially, and for a time unsusceptible of small pox.

In the year 1809, Mr. Brown published an enquiry into the anti-variolous power of vaccination, in which he broached the opinion that its virtue diminished as the distance from the period of vaccination increased. His statements, however, were vague, and made no impression upon the public mind.

In the year 1818–19, an epidemic small pox pervaded Scotland, the first that had occurred in these countries since the great epidemic of

1796. During this epidemic many vaccinated persons passed through a mild form of small pox. About this period the term modified small pox was introduced and generally adopted.

In 1824, small pox prevailed epidemically in Sweden, and attacked a considerable number of vaccinated persons. In 1825, this epidemic visited London; a great increase in the deaths by small pox appeared in the bills of mortality, and many persons vaccinated in early life took the disease. In 1826–27, France suffered from an extension of the same epidemic, which fell with great severity on the population of Marseilles. Many vaccinated persons went through the modified disease. In 1829, the same epidemic invaded the north of Italy, and was particularly severe at Turin. In the same year the governments of Germany, who had always encouraged and even enforced vaccination, seeing the steady advance of the disease towards them, took alarm, and then began the practice of re-vaccination, which has formed so striking a feature in the medical history of the German States for the last twelve years. It commenced in the royal armies of Wirtemberg. Then succeeded the re-vaccination of the Prussian, Danish and Baden armies. In 1835 the government of Wirtemberg, satisfied with the results of the military trials, extended the plan, and ordered the re-vaccination of the entire civil population of the kingdom. In Ceylon, a British colony where the government earliest interfered and most rigorously encouraged the practice of vaccination, salaried vaccinators were scattered over the whole island. So successful were their labors, that up to the beginning of 1819 it had often been said that the experiment of exterminating small pox had been made and successfully carried out in Ceylon. In July, 1819, however, a severe epidemic small pox broke out. In 1830 a second epidemic overspread the island; in 1833 a third, and 1836 a fourth. In these four epidemics, twelve thousand five hundred and thirty-seven persons were attacked, of whom four thousand and ninety died, being at the rate of thirty-three per cent., or one out of every three. In each of these epidemics a number of vaccinated persons took small pox. The proportion of the vaccinated to the unprotected varied. In the third epidemic, out of a total of four hundred and sixty attacked, three hundred and forty-one represented themselves as vaccinated.

Denmark has undergone several visitations of epidemic small pox; yet in no country in Europe has more attention been paid to the practice of vaccination, both as respects the numbers submitted to the process, and the purity of the lymph employed.

The first was in 1824, the second in 1826, the third in 1839. Copenhagen suffered also in the years 1833 and 1835.

England experienced a second epidemic in the year 1838, and again many vaccinated persons suffered attacks of the prevailing malady.

This epidemic commenced in the summer of 1837, and did not finally terminate till December, 1839. The total deaths throughout England and Wales during that period (two years and a half) by small pox, amounted to thirty thousand eight hundred and nineteen, or an average of twelve thousand two hundred deaths per annum. Calculating that the rate of mortality ruled about twenty or twenty-five per cent., it follows that in those thirty months there occurred in England and Wales not fewer than one hundred and fifty-four thousand cases of small pox.

After this brief sketch of the re-appearance of small pox in Europe, since the lull which succeeded the first introduction of vaccination, I shall proceed to state the results which statistical researches have given, as to the relative numbers of the vaccinated who have been attacked by small pox, and the ratio at which small pox succeeding to vaccination has proved fatal. In the small pox hospital at London, from 1826 to 1833 there were admitted six hundred and nineteen cases, of which forty died; from 1833 to 1839 there were admitted nine hundred cases, of which sixty died. One of the most interesting documents, bearing upon the subject now under consideration, is the following, which exhibits the amount and character of the cases of variola succeeding vaccination which occurred in the British army on home service, during the five years, from 1834 to 1839 inclusive. The strength of the army during that period was very uniform, averaging about forty-eight thousand five hundred men. The regulations of the army require, and the careful superintendence of the medical officers ensures, that every individual of that force (not having previously undergone small pox) should be effectively vaccinated. There is here, therefore, no room for dispute as to the reality of the alleged prior vaccination—a difficulty which meets us in many cases. There were admitted into hospital five hundred and eighty-eight cases, of which sixty-eight died.

In the well vaccinated population of Copenhagen from 1824 to 1835, there were three thousand and ninety-three cases, of which sixty-six died.

These statements are amply sufficient to show how large a proportion of those who, in Europe, contract small pox, have undergone vaccination in early life. They cannot be perused without the conviction that

some material error had crept into the views originally entertained regarding the power and capabilities of the vaccine inoculation. If small pox can invade so large a proportion of a well vaccinated population as that of Copenhagen, it is obvious that all idea of banishing that disease from the earth is vain and illusory. It is equally manifest that any attempt to institute a parallel between cases of small pox, after vaccination, and cases of secondary or recurrent small pox, must fail.

The interval between the primary vaccination and the attack of small pox fluctuated in most of the preceding instances between seven and thirty years. By far the larger proportion of the cases consisted of adults in the vigor of life.

The following statement exhibits the ages of those who were admitted into the London hospital, having small pox after vaccination, during the epidemic of 1838:

Of those admitted into the small pox hospital (London) in 1838, after vaccination, there were none under 5 years; from 5 to 9 years, 5; 10 to 14, 25; 15 to 19, 90; 20 to 24, 100; 25 to 30, 55; 31 to 35, 13; above 35, 4. From this it will be seen that between the ages of twenty and twenty-five, the disposition in the vaccinated to take small pox is at its maximum.

The writings of Dr. Heim, of Ludwigsburg, and Dr. Mohl, of Copenhagen, furnishes us with the following details, after vaccination:

Between 1 and 5 years of age, 54; between 6 and 10 years, 170; between 11 and 15 years, 215; between 16 and 20 years, 462; between 21 and 25 years, 395; between 26 and 30 years, 171; between 31 and 35 years, 77. These statements correspond so closely with each other, that they indicate some law of the animal economy. In each instance, the maximum of cases occurs at the period which follows puberty. It is, therefore, rendered more than probable that some modification of the system takes place at that eventful epoch of human life which lessens the protective power that vaccination had previously exerted. It is a matter of general notoriety that small pox is very seldom taken by vaccinated children who are under the age of eight years. Dr. Gregory says, "In the course of a large experience at the small pox hospital, I have not seen more than three or four cases of such an occurrence." The protective power of cow pox may therefore, for all practical purposes, be considered as complete for that period; but we are compelled to confess that later in life, it diminishes in a certain proportion of cases. What the exact proportion is, never has been ascertained, and for very obvious reasons, never can be known or even guessed at. But though this be im-

possible, there seems no reason why we should not attempt to ascertain the laws which affect and limit the resistance to the variolous virus which cow pox displays in so many instances, and so remarkably in infantile life. The preceding statements, while they certainly countenance the notion of diminished vaccine energy through the medium of those changes which time effects in the human economy, prove at the same time, most incontestably, that a portion of virtue still remains, sufficient to preserve life though not to exhaust susceptibility.

To determine with accuracy the average ratio of mortality which obtains when small pox invades those who have been well vaccinated, is a point which the statistical records of Europe, and some other countries, for the last forty years, teach us with considerable precision. The following table, compiled from various sources, will show how great is the diminution in the ordinary rate of mortality by small pox when vaccination has preceded.

		No. of Cases.	Deaths.	Rate of Mortality.
Small Pox Hospital, London,	1826 to 1832	619	40	7 per cent.
" " " "	1833 to 1839	900	60	7 " "
" " " "	1840 to 1842	333	22	7 " "
Total from	1826 to 1842	1,852	122	21 " "
British Army,	1834 to 1838	588	68	12 " "
Copenhagen,	1824 to 1835	3,093	66	2 " "
Wirtemberg,	1831 to 1836	1,055	75	7 " "
Vienna,	1834	200	16	8 " "
Ceylon, Epidemic of	1830	260	34	13 " "
" "	1833 to 1834	341	23	7 " "
Total,		7,389	404	70

making a general average of 5 1-2 per cent. The result of these statistical investigations may be stated in a few words. Small pox to the unvaccinated, is five times more fatal than it is to those who have previously undergone vaccination. The following table, carefully drawn up from the record of the small pox hospital (London,) for the year 1841, shows how this is effected. It is an analysis of the several cases admitted in that year, having small pox after vaccination. It will be seen that nearly two-thirds of the cases, (or 60 per cent.) receive the disease in a modified form; the remainder (40 per cent.) receive it in a normal form, but in variable degrees of intensity, the mortality among them following the ordinary laws.

Analysis of 151 cases of small pox succeeding vaccination, which occurred at the small pox hospital (London,) in 1841.

			Cases.	Deaths.
		Confluent, admitted,	25	8
		Semi-confluent,	19	0
		Distinct regular,	12	1
Normal,	56	Confluent modified,	18	0
Abnormal or modified,	95	Semi-confluent modified,	19	1
		Varicelloid, or distinct modified,	50	0
			151	10

An impression that vaccine virus declines in power, in proportion to the number of times that it makes the circuit of the human body, has long prevailed, which has led to the frequent trials of lymph fresh from the cow. Jenner did not object to occasional renewals of the stock of lymph, but it does not appear that he ever acknowledged deterioration of the virus by use, as a common occurrence, or as a cause of failure. In 1829, the invasion of epidemic small pox induced the Sardinian government to try a variety of new stock of lymph. We are informed by Dr. Griva, chief of the vaccine establishment at Turin, that no perceptible difference was to be traced between the aspect and progress of the old and of the new lymph. In Wirtemberg, between 1831 and 1836, forty new varieties of lymph were tried, but without any obvious advantages. In other parts of Germany, like trials were made. In France a new variety of lymph, obtained from the daries of Passy, near Paris, was brought into use by M. Bousquet, in 1836, and which certainly proved much more energetic in its primary effects, than that which had previously been employed. About the same period, the stock of lymph at the small pox hospital was changed with decided advantage. Heim calculates that three-fourths of the inoculations made with lymph direct from the cow, fail altogether of effect. When they do take effect, it often happens that severe local inflammation is excited, producing irritable sores and glandular swellings. I vaccinated a child a few years since, with virus from the cow, which produced violent effects, convulsions, high fever, very sore arm, and other distressing symptoms, threatening fatal consequences.

It is believed by many that vaccine protection should be renewed, every seven, fourteen and twenty-one years. The German physicians, hold up re-vaccination as a measure scarcely less important in its effects, no less widely applicable than primary vaccination. In France, on the other hand, the repetition of the vaccine process has been disparaged. In this country it has been strongly recommended, and carried out by many phy-

sicians. A commission, expressly nominated to investigate the matter, comprising some of the most talented men in Paris, reported against re-vaccination. I find in a daily paper (Pennsylvania Enquirer) of August 2d, 1858, the following: A paper on re-vaccination was presented to the Academy of Medicine at Paris, in the name of Dr. Vlemincks, one of its corresponding members. The author gives an account of the experiments instituted at Gaud by Dr. Denobele, with a view to ascertain the advantages arising from a repetition of vaccination at various periods of life. The results arrived at are, that between the ages of 20 and 40 re-vaccination only takes effect upon four out of one hundred patients; while the proportion of those on whom it takes effect between the ages of 40 and 60 is twenty-three per cent; and between the age of 60 and 70 fifty-four per cent. The consequences deduced from those facts are:—

First. That until the age of 25 re-vaccination is useless.

Second. That from that age to 35 it produces useful effects upon a very small number of persons, and that consequently it need not be very strenuously recommended at that period of life.

Third. That from the age of 35 and upwards, it becomes really prophylactic, and therefore necessary.

Fourth. That when vaccination has not taken effect at a certain period, this is no reason for contending that it will not take effect at some future period.

We find in Chamber's Journal of Popular Literature, Science, and Arts, for November, 1857, the following important enquiries and replies upon the subject of vaccination: "Mr. John Simon, medical officer of the Board of Health, London, addressed a circular letter to no less than five hundred and thirty-nine members of the medical profession in England and elsewhere, requesting their answers to the following four separate enquiries:—

First. Have you any doubt that successful vaccination confers on persons subject to its influence a very large exemption from attacks of small pox, and almost absolute security against deaths by that disease?

Second. Have you any reason to believe or suspect that vaccinated persons, in being rendered less susceptible of small pox, become more susceptible of any other infectious disease, or of phthisis, or that their health is in any other way disadvantageously affected?

Third. Have you any reason to believe or suspect that lymph from a true Jennerian vesicle has ever been a vehicle of syphilitic, scrofulous, or other constitutional infection to the vaccinated persons; or that uninten-

tional inoculation with some other disease instead of the proposed vaccination has occurred in the hands of a duly educated medical practitioner?

Fourth. Do you (assuming due provisions to exist for skillful performance of the operation) recommend that, except for special reasons in individual cases, vaccination should be universally performed at early periods of life?

As to the first enquiry, five hundred and twenty-four of the five hundred and thirty-nine authorities appealed to, answer, directly and simply, that they have no doubt whatever on the subject; thirty express an opinion, probably tacitly shared in by many of the others—that the safeguard afforded by vaccination lasts only for a certain period, and that the operation ought to be repeated at intervals in order to be of permanent benefit. One is of opinion that vaccination affords no exemption from small pox, but only modifies its severity; while another of no mean authority, expresses very great doubts whether vaccination at all prevents a person from being attacked by small pox, and says that it certainly does not exempt from death by it.

The second question proposed has received from all the medical authorities, save one, decidedly negative replies.

The third, respecting the transmission of other diseases with the vaccine matter, appears still to be a vexed question. Ten have serious doubts whether disease would not be conveyed even with the matter taken from 'a true Jennerian vesicle;' one expresses a firm conviction that it would. On the other hand, upwards of five hundred think that such inoculation with another disease is altogether impossible. The value of the opinions given by some of these five hundred may be gathered from the fact, that one speaks upon the authority of thirteen thousand cases, which have come under his own immediate inspection, and another upon that of forty thousand cases. With all these five hundred and thirty-nine professional men we find they differ materially in respect to time of performing the operation, although a large majority recommend early youth; others from four weeks to twelve months; others again during first dentition.

With due deference to the judgment of the great majority of the five hundred, we claim our right to differ, having seen, and as we believe cured scrofula which soon followed vaccination, and certainly have seen many cases of eruptive disease, following upon the heels of vaccination, which on being traced to its origin found the virus was taken from a diseased patient, and little doubt exists, at least with ourselves, but what many of the numerous cases of scrofula may be traced to that cause. Certainly it seems to be a prolific source of spreading that horrid disease,

far and wide, and giving rise to so many cases of curvature of the spine, coxalgia, and many other forms of disease, which carry its thousands to a premature grave. We firmly believe this evil grows out of want of attention in the selection of virus from healthy subjects. The taking every crust that may form from vaccination, to dispose of to the apothecary for a paltry dollar, to send over the country, to supply physicians who are not located near large cities, is the source, we have no doubt, of many cases of scrofula, and other diseases so rife among us.

We give the following cases, succeeding vaccination: Margaret Massey, aged 21 years, native of England, was vaccinated about eight years since, and took, as was supposed, the disease well, which was about the last of December. The following spring broke out with scrofula, which continued for five years. Portions of bone sloughed from the hands and feet. A sister, aged 24 years, vaccinated at the same time, from the same virus, did not break out, but her health declined; she was attacked with cough and run down. The family were not known to have the disease in any of its branches, therefore it must have been introduced through vaccination.

The next supposed kindred disease to small pox, is *varicella*, or chicken pox. From the earliest period at which small pox was noticed, physicians have remarked a mild form of eruption, resembling it in some respects. Rhazes described a mild or spurious eruption which gave no protection against small pox when it occurred epidemically. Doubtless this was varicella.

The first acknowledged author on varicella is Ingrassias, a Sicilian physician, who, in 1553, published at Naples, a work entitled "DeTumoribus contra Naturam," or Preternatural Swellings, in which he gives a very distinct sketch of varicelloid eruption. He was followed, about forty years afterwards, by Vidus Vidius, an anatomist and physician, who wrote on "Ars Medicinalis," in which he gives an improved version of Ingrassias. He describes varicella under the title of a third species of small pox, the two first being variola vera, and rubeola. To this he gives the name of chrystalli, or variola chrystallinæ, by which name it was long known. By the Italians it was early called *ravaglione*. Sydenham passed it over without notice. Riverius, in 1646, describes it accurately. This is the first mention we can find of the term chicken pox. (1694). In the expressions, chicken pox, swine pox, and cow pox, popularly applied to three varieties of mild eruptive disease in man, it is curious to trace the latent doctrine of animal miasm. Morton, and all the authors of that period, con-

curred in considering chicken pox as the mildest possible form of small pox.

Nothing worthy of observation concerning varicella occurs in medical history, until 1767, when Dr. Heberden, in the first volume of the transactions published by the Royal College of physicians of London, entered fully into the theory and diagnosis of varicella.

He adopted the notion, hitherto unavowed by any medical author, that variola and varicella are different diseases. He brings forward very strong arguments in favor of his doctrine. His paper is long, and apparently drawn up with great care and attention. But Heberden falls into many errors, and was obviously ignorant of some essential facts bearing upon the pathology of varicella.

He merits our applause, however, for having first distinguished varicella as the offspring of a specific poison.

The strange thing is that, with this impression so strong on his mind, he should still have called the disease variola pusillæ. It had been named varicella three years before, by Vogel, in Germany.

The term varicella does not occur in "Sauvage's Nosology," published in 1768. His synonyms are "water pox, petite verole, volante, verolette, variola lymphaticæ, variola volaticæ." We may be sure from this that the term varicella did not come into general use until after 1770.

Heberden's memoir on chicken pox was long considered as the standard work on this disease. The principal authors on varicella in the present century are Frank, of Vienna, who wrote on it 1805, under the title of Pemphigus Variolodes Vesiculosus; Willan in 1806, has a chapter devoted to varicella in his work on "Vaccine Inoculation;" Dr. Heim, of Berlin, 1809, a notice of whose work is to be found in Cross' "Account of the Variolous Epidemic of Norwich;" Dr. Mohl, of Copenhagen, (1817) whose treatise is entitled "DeVarioloidibus et Varicellis;" and lastly, Dr. Thompson, Edinburg, who wrote on it in 1820, and revived the exploded doctrine of its identity with small pox.

We will give a brief description of this disease, the true vesicular, lymphatic varicella—the bastard, flying, lymphatic, crystaline, or imperfect variola of some authors. The definition of varicella is as follows:—"A slight disorder, the offspring of a specific miasm, which, without initiatory fever, throws out an eruption of vesicles, which maturate in three days, and desiccate into granular scabs, which speedily fall off. Little or no fever accompanies the maturative stage, and no secondary fever follows. The disorder chiefly prevails among children, and occurs but once in life."

Varicella has a very short incubation, not exceeding four days, certainly less than a week. Dr. Heberden, in his commentaries, mentions the case of a lady whose two boys had varicella. On the eighth or ninth day from the maturity of the vesicles, the mother sickened from the same malady. He then enquires whether this is the usual period of incubation? This incubative period is always, or generally silent: and so says Heberden, Plenck, and Bryce; but Dr. Willan, who is entitled to attention, says there are often present, for one, two, or three days prior to the eruption of varicella, languor, somnolency, a furred tongue, a hot skin, a quick pulse, with some sore throat and rheumatic pains. We cannot reconcile these statements of Willan with the results of our own experience. The first thing we observe in varicella is the eruption of vesicles, of the size of a split pea, being simple elevations of the cuticle, or minute blisters, presenting the appearance of the skin having been exposed to a shower of boiling water. The parts chiefly occupied by the eruption are the back and scalp. Dr. Willan, who loved minuteness, wishes to distinguish three kinds—the lenticular, conoidal, and globate. The vesicles are surrounded by a superficial and narrow areola. There is one peculiarity in the inflammation surrounding the vesicle; it is of light color, and almost universally of the star character. I have frequently made up my opinion of the disease from this circumstance. The vesicles appear in successive crops for two or three days, and while the new vesicles are forming the old ones shrivel and dry up. On puncturing the vesicles a clear lymph escapes, and the cuticle falls to the level of the surrounding skin. There is no tumor, no varus. If the vesicles remain unbroken for twenty-four hours, the contained fluid becomes slightly opaque. They are very itchy, and when rubbed, a degree of superficial inflammation may succeed, sufficient to convert the lymph into an imperfect pus. The scabs of varicella are very small, and as the lymph wants a mucilaginous quality, they are granular. The desiccation is very rapid, and in six days the complaint completes the whole circle of its phases. No constitutional symptoms of any importance are present. Generally the tongue is clean, the pulse unaffected. The aspect of countenance betrays neither languor nor feverishness. The appetite is good and the sleep undisturbed. The complaint often shows itself in schools, and runs through all the young members of a family. It is manifestly both contagious and epidemic.

Now can this be a form of variola? Observe the marked difference between the two disorders. Varicella has not the incubative period of variola. It has not the character of variolous eruption. Children take it almost exclusively. Dr. Gregory says he has seen a few cases of it in

adult females, but is of rare occurrence. This is not like variola. But far and above all, it is taken indiscriminately by those who have and those who have not been vaccinated. Its course is not in the least degree altered by previously undergoing vaccination. Whether it was taken equally after inoculation of small pox, we are not so well prepared to say, not having the opportunity of testing it; but we have the authority of Sir Henry Halford for saying that it was; there being few physicians who can be appealed to on such a point. These general considerations are of themselves sufficient to decide the question of non-identity or kindred in any shape.

But if we examine the subject still more closely, we find that the organization of the varicelloid vesicle bears no relation to that of variola. Here there is no umbilication, no central depression, no division into cells, no slough. There is simply partial elevation of cuticle, of irregular and undetermined arrangement.

Here we see no groupings into threes and fives, no crescentic or circular figures formed. Everything in varicella is hurried forward—the incubation, the eruption, the desiccation.

By going further into the consideration of diagnosis and general pathology, we find there is a disease which resembles varicella in its mildness, which really does arise from variolous poison; and physicians in former times, looking only to the general, and neglecting the minute anatomical character of the eruption, have thought proper to confound the two diseases. By way of distinction, Dr. Gregory calls one "the varicella vera;" the other, "variola varicelloides." Mistakes may be made. In the true lymphatic varicella there is no premonitory fever. In the variola varicelloides there are at least forty-eight hours of preceding febrile disturbance. In the varicella vera there are no hard vari or tubercles. In the varicelloid form of variola, tuberculous elevations of the skin are distinctly perceptible. In the vesicles of the one there are no central depressions; in the other, central depression can always be traced, either by the naked eye, or by the microscope. In the true varicella the crusts are granular, and quickly fall off. In the variola varicelloides, the lymph being mucilaginous, the crusts are firm, adherent, and drop off, *en masse*, at the end of six or eight days. Authors have described pits as having succeeded true varicellous eruption, but the occurrence is very rare. Dr. Gregory says he has never seen a case where the inflammation ran so high as to admit of such a result.

We have not touched upon the question which would at once settle the dispute, that is, the question of inoculation. Can varicella be communi-

cated in this manner? The question is more easily put than answered. Dr. Heberden blinks it. He does not say he ever saw inoculation performed with the lymph of varicella, or rather serum (for it is nothing else), but he says that mistakes have been made in such inoculations, implying that the disease is propagable in that mode.

Dr. Willan entertained the belief that varicella was so communicable; but his experiments are few, and very unsatisfactory. Since his time, Dr. Bryce, of Edinburg, has set the question at rest. He states (see "Thompson on varioloid Diseases," page 74) that he has inoculated with the fluid of varicella vera at all periods of the disease, and at all seasons of the year, children who had never undergone either small pox or cow pox, and yet that he had never been successful in producing from it either variola or varicella. Since the date of Bryce's experiments (1816) we know of none on the inoculation of varicella.

"What then are the arguments which can be brought forward in support of the identity or kindred relation? We should suppose there must be some, seeing that up to the date 1767, certainly for one thousand years since the disorder was known, physicians adopted that notion, which has even been revived in our own time."

Dr. Thompson's great arguments are these: First. Varicella prevails when variola prevails, and never without. Hence, says he, we may deduce the probability that one contagion is operating, not two. The answer to this argument is, the facts are incorrectly stated. Varicella frequently prevails without variola. Such has been the case the last few months in Philadelphia. We have seen a number of well marked cases when variola had not prevailed. Dr. Mohl has shown this most satisfactorily from the experience of the Copenhagen epidemic. From 1809 to 1823, chicken pox was annually observed at Copenhagen without accompanying variola. Since 1823 both diseases have prevailed epidemically, but the physicians could always trace their sources, and this convinced them that the generating miasms were distinct.

Besides, the doctrine goes for nothing, if it can be shown, as has been the case over and over again, that some children take varicella after cow pox, and others cow pox after varicella, while some have cow pox and varicella going through their phases at the same time. Dr. Gregory gives a case in point (see "London Medical Gazette," Vol. II, page 633).

Dr. Thompson's next argument is, that he never witnessed chicken pox in those who had undergone small pox. If Dr. Thompson has not, others have; and was small pox as prevalent in those days as it was a

century ago, cases would be as frequently met with as they now are after cow pox.

It cannot be doubted for one moment, after reading the details of this controversy in the work of Dr. Thompson, and elsewhere, that a very large proportion of the cases of alleged secondary, or recurrent small pox are really cases of genuine lymphatic varicella, mistaken for small pox.

Thus having examined and gone through the premises of small pox, and what is termed its kindred pustular diseases, we are compelled to retain our original position, viz: that small pox has no kindred pustular disease, but is a part and parcel of one great whole, growing out of one common cause. Yet admitting that there are no diseases strictly isolated from others; they are links of one continued chain;

"All are but parts of one stupendous whole."

Not having such records at hand of a statistical character, of the diseases in question of this country, excepting Cox on vaccination, I had to draw largely upon others, of which the principal are, Practical Observations on Vaccination or Inoculation for the Cow Pox, by John Redman Cox, Sen'r, M. D., 1802; Lectures on Eruptive Fevers, by George Gregory, M. D., delivered at St. Thomas' Hospital, London, 1843; The Cyclopedia of Practical Medicine, edited by John Forbes, M. D., Alexander Tweedie, M. D., John Conolly, M. D., of London, and revised by Robley Dunglinson, M. D., of Philadelphia.

The report has its defects, made up as it was in fragments of time, with many and frequent interruptions, while engaged in a large practice. It is therefore submitted with all its imperfections.

[III.]

REPORT OF N. H. WARNER, M. D.,

ON EPIDEMIC CHOLERA.

The group of symptoms that has received the distinctive names of "cholera," "asiatic cholera," and "epidemic cholera," seems to be a disease *sui generis* in the strict meaning of that term, as it is peculiar to itself, and has nothing in common with any other epidemic disease.

When we look at its history, we are as much in the dark as to its origin, as we are in regard to its cause. Some writers aver that it has been known for many centuries, and that it was clearly described by Hippocrates, who subdued it with warm fomentations. Others aver that it was admirably described by Arætius of Cappadocia; and these aver that the perspicuous, concise and accurate symptomatology which this author (who wrote at the beginning of the fifth century,) has recorded, compared with recent descriptions, or those of the present day, scarcely leaves any thing to be desired by the most fastidious; while other authors have scarcely done more than copy what Arætius wrote long since upon the subject.

That a disease resembling cholera has been known and described by the earliest medical writers, is not denied; but we are certain that the disease which has received the name of epidemic cholera, and which was first described by European physicians in the year 1818, is one entirely different from the disease described by Hippocrates, and which he cured by warm fomentations.

Such has been the desire to honor the ancient fathers of medicine, that no new disease makes its appearance, but some one has found a description of a disease of the same kind in the works of Hippocrates, Galen, or some other worthy of ancient times; and so great is the desire to show that there is nothing new in disease, that the labors of the profession are more industriously applied in proving of a given disease, that it was known in by-gone ages, than to find a remedy for its prevention or cure.

Leaving then the question of the history of cholera with those who desire to pursue it, we come at once, to the disease itself, of which we have no certain account until the year 1818, when it was first described by European physicians, then in the East India Company's service, in India.

According to these authorities, the disease first made its appearance at the city of Jessore, in the delta of the Ganges, and only a few days later it broke out in the city of Calcutta. From this point, and taking a northwesterly course, it gradually spread over Asia, and finally made its appearance in Europe, about the commencement of the year 1830.

During the winter of 1830 and 1831, it decimated the armies of the Czar in the Balkan mountains, and including among its victims one of his ablest commanders. From this point, it slowly continued its march westward, until it reached Paris, and London, about the first of the year 1832.

From these points it seems to have passed the Atlantic Ocean, for it made its appearance in May of that year at Quebec, and from this point it continued its course westerly over our continent.

It is not our purpose to follow the history of this epidemic, as it spread

itself over our continent; nor to give a compilation of the theories and modes of treatment that have at different times been recommended or practiced, but rather to point out the system of practice that experience has shown more useful, and the means that have been found curative by the homœopathic profession.

In pursuing this subject, we shall speak first of the causes which provoke the attack; then notice its pathology; and lastly its treatment.

The causes of this dreadful malady are as yet shrouded in mystery; and although many ingenious theories have been advanced upon this point, yet all have failed to prove what constitutes the remote cause of cholera. Be this agent what it may, it is certain that the peculiar prevalent abnormal manifestations for some weeks or even months, before the appearance of cholera, is such as to clearly indicate, to the observing practitioner, that this dreaded pestilence is at hand. Among these abnormities we may mention influenza, or grippe, and severe diarrhea which is not easily controlled. The mind also suffers as if the system were exhausted.

It would seem as if the elements of the disease were contained in the atmosphere, were it not for the fact that the disease is produced under the most opposite atmospheric conditions, since we find it raging in all temperatures, and all conditions of atmosphere, clear, cloudy and stormy, and this too both on land and sea. Consequently we are, as yet, without means of determining the specific conditions, whether atmospheric or not, necessary to the development of this disease.

When the epidemic influence is present, any excesses, either in eating or drinking, or over exercise, especially at night, are active causes in promoting an attack of cholera.

It is not our purpose to give all the theories of epidemic cholera, for it would be entirely futile to do so; but we purpose to follow the disease from its inception to its termination, as the surest method of elucidating its character.

The first indication of its approach we observe, is the general debility, which seems to weigh down the whole system. Soon the vital powers are no longer able to perform their functions perfectly, and then we have the following symptoms, viz: *malaise*, loss of voice, cramps, spasms and coma; soon the natural functions are deranged, and we have then the second stage of the disease, characterized by the suspension of the assimilative functions, deranged circulation, embarrassed respiration, and disordered secretions and excretions; and finally—collapse and exhaustion of the powers of life.

After reaction (when this takes place) we have congestions and inflam-

mations, and these sometimes come on before the reaction, and are developed with greater or less rapidity, hurrying the patient into the grave.

Whatever part of the body may be assailed, the disease seems to strike at the very foundation of the constitution.

The vital functions are more generally attacked first, changing the blood to a thin viscous condition. This altered condition of the blood has been thought to result from the excessive discharges from the stomach and bowels, but such, we think, is not the fact, since the blood of those that suffer from *cholera sicca* is found to be viscous and not coagulable. This shows that the blood has lost its vital element, and so far as we know there has been no means yet found, that will, outside of the body, fill up and restore that vitality. This clearly indicates that there is a change produced by the disease which has not been explained. It is asserted by Tessier that "this loss of plasticity corresponds to the loss of tonicity in the organized tissues; it is the cessation of the spontaneous, molecular movement, by means of which life becomes manifest according to its inherent quality. In severe cases of cholera, this alteration develops itself progressively; it indicates a disorder that is carried to its extreme limits; since it is, so to say, the commencement of death." He *assumes* this to be fact, since he has not given one particle of evidence to prove it so, and then asks the question, "Does this alteration of the blood take place directly, or is it the effect of excessive alvine evacuation?" We think the disease is an *entity*, as is the cause; and when destroyed or removed the natural powers, or *vis medicatrix naturæ* does the rest.

There would seem to be no lack of arguments in favor of this entity; but as we are dealing only in facts and not in theories we shall wholly forego their employment. One fact should not be forgotten, that, although the respiration is not impeded, and the lungs are entirely free, still the blood is not changed, since the blood in the lungs is as black as that contained in the veins.

The rapid alteration in the vital, and we may say natural functions, constitutes one of the peculiar features of cholera, and should warn us of the danger of delay in exhibiting the remedies necessary to arrest its course.

The natural functions are the first that become altered in cholera, and these alterations are observed in all stages of the disease. All the functions of digestion, secretion and assimilation are under the ban of the disease from the moment of attack; and, indeed, it seems as if the whole order of the animal economy had been suddenly inverted, and all the sources of life dried up at the fountain.

The external changes of the body are no less remarkable than the internal, and the sum total of these changes make up the cadaverous appearance which belongs to cholera and to no other disease; and although the above are the facts physiologically expressed, yet they do not and cannot define the disease, and we are left with only this very poor apology, namely, that while we know as much in this matter as those that have gone before us, yet we know no more than they. We might go on and name the irregular attacks, and the separate parts of the system that are first attacked; and we might ask the question, how death is caused? and to answer it, might bring forward many ingenious theories that have been put forth on this most interesting subject. But it would be of no practical value, and would only be grasping at a shadow instead of the substance.

Its Pathology.—The term cholera is as old as the system of Nosology, and for aught we know, much older. It was defined by Boerhaave to be a violent evacuation of the stomach and bowels, both upward and downward. And as the bile was thought to have *something* to do with all diseases that were characterized by great evacuations upwards and downwards, this word was coined as expressive of the cause; but as those that made the term thought a redundancy of bile necessary to evacuation, it seems to be the last word in the world to properly express the condition of a patient laboring under this most dreadful malady. But as all the world has become acquainted with the group of symptoms that attend this most deadly of all maladies, we still continue to designate the disease, epidemic cholera.

Causes.—The causes of this epidemic are as yet unknown. The disease is not governed by the laws of epidemics as respects climate or season. It rages at all seasons of the year, in all climates, both on land and at sea, and in all conditions of weather. It is equally fatal in the torrid, temperate and frigid zones; and whether on the burning sands of Asia, the temperate climate of Europe or America, or the frozen regions of Russia, it is equally destructive. It has been suggested that rains and thunder might purify the air so as to stay, if not destroy the cause of the disease; but those who have read its history in India, will remember that it was always more fatal after a thunder storm than at any other period, and indeed, we may say that any thing that disturbs the electrical currents will increase the disease when the epidemic influence is present. * "In Buffalo in 1832 careful annotations of the influence of the weather upon the disease, clearly proved that any change,

* Observations of R. W. Haskins, Buffalo, 1832.

whether from fair to storm, or from storm to fair, always increased the disease, and in degree during the ensuing twenty-four hours, and that beyond that period no effect of either change could be traced."

It might therefore seem that the cause of this most fatal of maladies, whatever it may be, exists in the atmosphere, and travels from place to place, and in a given direction, expending its virulence in a few days, and then leaving, as it were, a rear detachment to finish its work of destruction, while the main force proceeds onward to new conquests and more extended desolation.

The exciting causes are better understood when the elements of the disease are present. Anything that destroys the equilibrium of the human system will excite these to action, and the disturbance most fruitful of evil is fear. An apprehensive state of mind, a sudden fright, grief, any depressing emotion of the mind, are all powerfully exciting causes of this disease. Under the circumstances we have mentioned, bad food, and all kinds of indigestible aliments, all varieties of food that relax the bowels, all stimulants which are taken as preventives, cathartic medicines, which are frequently given with the idea that they cleanse the stomach and bowels, are productive of the disease in seasons of its prevalence, as are changes of temperature without proper protection of clothing, close sleeping rooms and ill ventilated houses; crowded habitations, as prisons and hospitals, and ships crowded with people at sea.

Persons of middle age are more liable to attacks than infancy and old age. It has been said that females were more liable to the disease than males, but our experience has been the other way. In the years 1849, '52 and '54 there were ten per cent. more males than females.

Symptoms.—The symptoms of this pestilence are the same wherever the disease has been known; and in that particular it is different from all other epidemic diseases. It would seem, theoretically, that the disease should be modified by climate at least; but we find it with the same symptoms in the burning swamps in the delta of the Ganges, and upon the frozen mountains of Russia; nor has purity of atmosphere, so far as we can determine, anything to do with the disease, either in propagating or preventing it.

It would seem that a period of time was necessary to prepare the human system for the action of the specific cause of the disease, for we find influenza, grippe, and diarrhœa preceding the appearance of the epidemic.

The first symptoms are a feeling of lassitude; an uneasiness, accompanied by a painful sensation of heat in the epigastrium; weariness, and

weakness of the extremities; oppression of the whole system; the expression of countenance, which at first was one of uneasiness only, is more or less rapidly changed (according to circumstances and the rapidity of the development of the disease) to one of great anxiety; and at this period the pulse is quick, sharp and contracted. These symptoms may continue from a few hours to fifteen days; but generally they are more prominent in the early period of the epidemic; and as the disease advances the period of these symptoms is shortened, so that when the exciting causes of fear of the disease, with other depressing emotions of mind, as loss of friends, etc., come to act upon persons that have at first repelled the specific cause of the disease, this group of symptoms is not seen at all, or exists but a few hours.

Next comes pain at the pit of the stomach, and this pain extends through the whole alimentary tube, and is one of the most durable, the most constant, and is one of the characteristic signs of the disease. Then succeed repeated vomitings, first of the food last eaten; the bowels are then emptied of all fœcal matter at once, and after that the vomiting and purging are of the same kind of fluid, which resembles rice water, and in some cases there are flocks of lymph, and in others the lymph has the appearance of grains of boiled rice. With the rice water evacuations, and a suspension of the secretion of bile and urine, we find cramps attacking different parts of the body. So far as the writer has been enabled to observe, in some six hundred cases, there is no sign or symptom which will enable us to judge when the attack of cramp will be made, nor is it necessary to constitute a case of cholera that cramp be present at all. There is one feature of the vomiting and purging which seems peculiar to this disease alone, and that is the marked and spasmodic suddenness with which the fluid is ejected from the stomach, and occasionally also from the bowels. Following this effort is the cramp; sometimes in the recti muscles of the abdomen, sometimes in the calf of the legs, feet, thighs, etc. With these symptoms the external surface of the body is cold and clammy, giving to the feel, of a bystander, a sensation like that given to the hand when laid upon wet marble in a damp warm day.

The features are shrunken, the eyes are sunk deep in their sockets, the skin has a leaden hue, and has lost, to a certain degree, its contractility; the tongue and breath are cold, the voice a hoarse whisper, and the organic nervous system seems hardly able to perform its functions; and to a person unacquainted with the disease, it would seem that the patient was in *articulo mortis*. But even at this point, the patient has considerable

strength, for he can sometimes walk when all the above named symptoms are present. Added to the above named symptoms, is great, and tormenting thirst, while the anguish and the burning pain in the stomach and bowels, with the restlessness, are truly terrible to bear, and fearful to witness. This continues from three or four, to twenty-four hours, and in some cases, extends to four or five days.

At the end of this stage, the cramps generally disappear and the coldness is universal over the whole body; the skin has lost its elasticity, so that a portion pinched between the thumb and finger, leaves the impression as if it were wax, and the skin on the fingers appears wrinkled like that of a washerwoman; the color of the body at this point, is violet; there are slight jerkings of the small muscles of the face, eyes and nose, with stupid condition of the mind, analogous to coma. Although the patient can be aroused, and seems to understand his condition perfectly, yet he is calm and says "let me alone, I want to sleep, and shall be well when I have slept enough."

At this stage of the disease they are generally quiet and desire nothing so much as to be left alone, in perfect quietness; but even here, we sometimes find one that is rolling from side to side, with his eyes strained wide open, with burning thirst, and a feeling of inexpressible anguish.

This stage may terminate in reaction, and rapid convalescence, or typhoid fever or death. If the reaction terminates in convalesence, there is, of course, a gradual remission of all the symptoms, and the first favorable symptom that we have observed is a gradual return of the vital heat. Then the skin is bedewed with a warm perspiration, relief from the dreadful burning of the stomach and bowels is apparent, a restoration of the secretions of bile and urine; then quiet sleep, from which the patient awakes refreshed, and in many instances the convalescence is rapid and complete.

When the reaction is imperfect we may expect a secondary fever, which has been called typhoid. Perhaps the name is as good as any other, and, indeed, may express all that makes up a case of typhoid fever, as laid down in the books, but it does not express the circumstances, the signs and symptoms that attend the majority of the cases of this class. The writer's experience it is true has not been large, but so far as his observation extends, it would seem to indicate that the fever takes an action modified more or less by the disease existing previous to the cholera attack.

Although there are really no marked distinctions in this disease, yet for convenience, we shall divide it into four varieties: 1st, simple cholera

or cholerina; 2d, cholera; 3d, irregular or ataxic cholera, and 4th, black or galloping cholera, or cholera sicca.

The first variety, simple cholera, or cholerina, as it has been called, is as truly cholera as any other of its forms; but the specific cause, be that what it may, does not yet seem to have got full control of the patient, and hence we have the following symptoms which make up this form, variety or stage: there is general lassitude, a sense of malaise, dizziness of the head, bad taste in the mouth, white pasty coat on the tongue, a feeling as if there were mucus, which causes the patient to constantly desire to clear his throat and fauces, a sense of uneasiness and nausea of the stomach, rumbling of the bowels, constipation sometimes, but more generally painless diarrhœa, and irregular sleep.

These symptoms in the early part of the epidemic may last from a few hours to fifteen days, and as there is comparatively little pain, and the mind at rest, but little notice is taken of the symptoms by the patient, and may, and often does terminate in the second stage, *cholera*, or irregular or ataxic cholera, or galloping or black cholera, or else convalescence.

Treatment.—The remedies which have been found most efficient in this variety of cholera, are *veratrum album*, and *phosphoric acid*. Indeed, such has been our confidence in these two remedies, that we gave them constantly in the epidemics of 1849, '52 and '54 with the most satisfactory results. We do not depend upon these remedies after vomiting commences, as with that symptom others are evolved that require other remedies.

One mode of exhibition is to drop six drops of the third dilution in half a tumbler of cold water, and give a dessert spoonful of the *veratrum*, and in two hours as much of the *phosphoric acid*, continuing them till relief is obtained, or there is a change of symptoms.

Second Stage, or Variety—Cholera.—Here we have the disease fully developed. If there has been cholerine, the patient may be attacked at all periods, but more particularly from two to five o'clock, A. M., with nausea and vomiting, a sense of pain and burning in the stomach, which soon passes into the abdomen, when the bowels are suddenly evacuated of their entire contents, and then we have cramps, either in the bowels or the thighs, legs and feet, and sometimes, though more rarely, in the arms. In a few minutes we have evacuations from the stomach and bowels of that peculiar fluid which is one of the pathognomonic symptoms of the disease, and has been likened to rice water. This fluid contains flocks of lymph; and in some cases the lymph looks like grains of boiled rice.

With the above symptoms there is a total suppression of the secretions of bile and urine; the tongue and breath are cold with intense and burning thirst; the surface of the body is cold, and bedewed with a clammy perspiration; the eyes are sunken deep into their sockets; the voice hoarse, and the patient experiences great difficulty in speaking; the pulse is small and wiry, sometimes intermittent, and at others, so feeble as to be scarcely perceptible.

The remedies are *camphor*, *tart. emetic*, *veratrum album*, *secale cornutum*, *cuprum metallicum*, *ipecacuanha*, *digitalis*, and *ice water*.

If we are called early in the attack, and the principal symptoms are, vomiting and purging, with pain in the stomach and oppression, with coldness of the whole body, *camphor* is the specific, and we have found it efficacious in most of the cases with symptoms above named. The mode of exhibition which we have found most efficient is to put forty drops, of a saturated solution of camphor in alcohol, on a lump of sugar as large as an English walnut, and drop that into half a pint of cold water. Of this, a table spoonful should be given to an adult every ten minutes until we obtain relief, or new symptoms appear. In most cases we find relief after taking three or four doses, which is manifested by a removal of the pain and burning at the stomach and bowels, an arrest of the rice water evacuation, a return of warmth to the surface of the body, which is now bedewed with a warm perspiration, and soon the patient falls asleep, and in a few hours awakens in a state of convalescence.

If, after giving three or four doses of *camphor*, the nausea and vomiting still continue, and the smell of *camphor* is nauseous to the patient, we should discontinue it, and select a new remedy; and if there is a greenish tinge to the fluid vomited, *tart. emet.* will not fail to give relief. This may be exhibited by dissolving two grains of the second centessimal trituration in a gill of cold water, and give a dessert spoonful every fifteen minutes until there is relief or change of symptoms. If the rice water evacuations are the same as before the *camphor* was given, then give *verat. album, the third and thirtieth dilutions*, by dropping three drops of each in half a pint of cold water, and giving a table spoonful of the third and in fifteen minutes as much of the thirtieth and so on until relief is obtained. (And here I would say by way of parenthesis, that we have found, in all diseases, where we have to give a succession of doses for the same group of symptoms, that two dilutions or attenuations of the remedy homœopathic to the case, have been more efficient than where only one has been given.)

These two dilutions should be continued until there is a change in the

symptoms. If the surface of the body is very cold, bottles filled with hot water may be laid around the patient, and under no circumstances allow him to get up. If the discharges are copious from the bowels, either use the bed-pan or folds of bedding, to absorb them. I have found absolute quietness as necessary as medicine. The room should be well ventilated, as the nervous system and respiration are equally weak with the rest of the body, and require a pure atmosphere.

Ice water should be freely given, unless it increases the pain and oppression of the stomach; then warm water is preferable, and will frequently relieve the pain, burning and vomiting.

If after continuing the *veratrum* for two or three hours, and the symptoms continue onward and more violent, and cramps are severe, give *cuprum metallicum, third*, in alternation with *veratrum, third*, giving a dose every twenty minutes alternately. If the evacuations change, and there is evidence that the natural secretions are returning, the time of repeating doses should be lengthened to two or three hours; and as soon as the patient sleeps quietly, we may conclude that convalescence is established.

Sometimes the patient awakes with extreme pain in the head, drowsiness, dry, hot skin, dry tongue covered with a thick yellowish fur, except the tip, which is red and shining; fœted breath, dryness of the throat, unquenchable thirst, with a desire for water, in small quantities oft repeated, uneasiness of the stomach and bowels, and a diarrhœa resembling blue dye covered with soap bubbles.

These symptoms continue for two, three or four days, and in some extreme cases, ten days, when we have passive hemorrhages from the nose, gums, ears, and from the petechia on the surface of the body. On the appearance of these symptoms, the pulse is small and wiry, the extremities cold and wrinkled, and the patient has the appearance of perfect exhaustion. But such is not the fact, for even with the above symptoms, there are some who have sufficient strength to walk with a little assistance. For this group of symptoms, *aconite*, *belladonna*, *bryonia* and *rhus* are of service in the first days, or until the hemorrhage commences, when *arsenicum alb.* and *carbo veg.* are the specifics. And here we will detail a case of great severity, which we treated in the last stage, as illustrative of the above. J. C. D., aged 18 years, of bilious temperament, and sound constitution and health, was attacked with cholera on the twenty-eighth of August, 1852, in the city of Chicago. He was treated allopathically. The remedies used were charcoal and sulphur in large doses, in alternation with chloroform and paregoric. These remedies were given

until the choleric symptoms ceased, and the patient appeared convalescent. On the third day from the attack, and about thirty hours after the cessation of the choleric symptoms, he was attacked with chills, severe pain in the head and back, suppression of the secretions of bile and urine,—for which he got teaspoonful doses of equal parts of castor oil and oil of turpentine, blue mass, morphine, brandy and quinine. The first two remedies were given four times a day, each for two days, and the blue mass and quinine were given him four times a day, with morphine, brandy, and the most hearty food, which were continued until he came under my care at Buffalo, on the thirteenth day of the secondary attack. I first saw him about 11 o'clock in the morning, when he presented the following symptoms:

He was lying on his back in a stupid state, but when aroused, would answer correctly, when given sufficient time to concentrate his mind, which seemed to be a great effort; his tongue was loaded with a brownish fur, with a dark stripe in the middle, the point being red, dry and shining; the stomach and bowels full, but not swelled, and a little tender to the touch; diarrhœic discharge every hour, of a fluid resembling blue dye covered with soap bubbles; hands and arms cold to the elbows; the feet and legs cold to the knees, and a general appearance of exhaustion that denoted immediate dissolution. We gave him half a grain of *carbo veg.* 3d *trit.*, to be followed in four hours by half a grain of 3d trit. of *arsenicum alb.* At 4 o'clock, P. M., visited him again and found him in a warm perspiration, which extended over the whole body; sleep natural, the bowels not moved for the last two hours.

Saturday, had four stools, and more consistent; tongue white over its entire surface; mind seems as yesterday. Gave one dose *bryonia* 6, and in four hours one of *carbo v.* 3*d trit.*

Sunday, pulse full and numbering sixty-five; delirium; bowels moved four times; dejections more consistent, and of natural color.

Monday, more delirious; tongue moist and white, except the tip, which was red; heat of skin natural; but one motion of the bowels, and that healthy. Gave *bryonia* 6th in the morning, and *rhus tox* 6 at evening.

For the six following days there was no change of symptoms, and no medicine was given. A little nourishment only each day. Monday morning, the eleventh day of our treatment, was called early. The patient was attacked at 4 o'clock with passive hemorrhage from the nose and gums. The pulse had sunk so as to be scarcely perceptible; and although he had lost but little blood, he was evidently sinking fast, and appeared much exhausted, as it was almost impossible to arouse him. Bowels had not moved for six days; the surface of the whole body

was cool, the hands and feet quite cold, and on a critical examination we found his hands covered with small blood-blisters, which were the size of grains of gunpowder. These were much larger on the front part of the body than on the extremities. Some of those on the front part of the chest were of the size of a crown piece, while the odor of the body was excessively fœtid. We immediately gave him half a grain of the second trit. of *arsenicum alb.* to be followed in two hours by half a grain of the 3d trit. of *carbo. veg.* We visited him two hours after the exhibition of the last named remedy, and found his pulse increased in strength and fullness; the skin warm, but the fœtor much greater than before. Ordered him to be moved into a larger room facing the lake, and as the weather was warm, the windows were opened, and two persons were directed to raise all the bed clothing, for the purpose of allowing cool air to pass directly over his body. This was repeated every fifteen minutes, and seemed to have a favorable influence, as his countenance changed to a more florid color. *Ars.* and *carbo v.* were continued, a dose every two hours. Visited him at 8, P. M. Involuntary diarrhœa had come on, the dejection looking like tar; bleeding from the nose, gums and skin continued. The same remedies at the same intervals were continued.

Tuesday morning (12th day). Found the patient stronger than on the evening previous. He had slept quietly most of the night. No evacuations during the night; the bleeding from the nose ceased soon after our visit last evening; a little bleeding from the gums, and the petechial spots on the surface. Continued the same remedies at intervals of four hours.

From this period onward, he continued to improve, and took nothing but the *arsenicum* and *carbo. v.*, which was continued for about three weeks. During this period the remedies were intermitted three times, but the bleeding returned in twenty-four hours after the intermission, and we were obliged to return to their use—and they were continued until the appetite and strength were in a good degree restored. From that time to the present writing the patient has enjoyed sound health.

This case was one of the most severe that we were called to treat after cholera. How far it was modified by the former treatment we will not pretend to say; but we are certain that if the patient had taken the same drugs in a state of health, he would have suffered severely, if he had escaped typhoid disease.

This case is interesting in another point of view. It shows the severity of disease following true cholera, as contrasted with the same condition, in the irregular or ataxic cholera, which we will now proceed to describe.

This variety of cholera may be preceded by cholerine, and instead of the group of symptoms enumerated as true cholera, we have a group of irregular symptoms that constitutes this form, which we denominate *ataxic* or *irregular cholera*. And first of all, we have coldness of the whole body, and a prostration disproportionate to the other symptoms. The discharges may be slight, or else none at all, and yet the debility amount almost to exhaustion. On the other hand we may have excessive evacuations of the stomach and bowels, without either cramps or blueness of the surface being present; or the face may have assumed a bluish tint, and the pulse be entirely gone at the wrist; or again the pulse may exist, with feeble, frequent, irregular beats, while the cyanosis of the face and extremities is fully developed. As regards the temperature of the body, it is likewise irregular; one part of the body may be cold, while in other parts there is normal heat; the discharges may be moderate, and all the other symptoms of the most urgent kind. The whole surface of the body may be of a violet hue and the pulse entirely gone at the wrist. The patients are generally restless, moving from side to side, or they are very drowsy and dislike to be disturbed. These are the principal irregularities which distinguish the cold period of ataxic cholera. These symptoms are not, however, all present in every case of this variety of the disease, as sometimes only one of these irregularities exists, in others, several. The cold stage lasts from three to fifteen, or even more hours in some cases.

Irregular Remission.—The period of remission, which is seldom wanting in this variety, distinguishing it from the remission in regular cholera, is this: The symptoms do not disappear in the reverse order of their development. The blueness may disappear, and the warmth may not return; the pulse may return and even be full, and yet the blueness remain; and the cyanosis and coldness may have given place to a natural color and temperature, and the evacuations of the stomach and bowels continue as copious and frequent as before. The vomiting and alvine evacuations may cease, and the patient remain exhausted, reaction not being perfect. The patient may be talkative, or he may be drowsy and taciturn, wishing to be let alone. He may experience a fainting sensation at the stomach, which he may call hunger, but when food is offered he loathes it.

In some cases the cramps are very severe and painful; in others scarcely perceptible. Some patients keep their voice normally throughout, and others are hoarse during the attack. This period may last an hour, or even two or three days, and is followed by the typhoid stage, which is different from the typhoid stage of regular cholera. This period sets in

with drowsiness, and sometimes delirium; and occasionally there is a severe chill and intense headache, with furious delirium from the outset; but this last is the exception rather than the rule, for we generally find the sufferer drowsy and unwilling to be roused or to make the least exertion. As the cerebral phenomena develop themselves, in place of febrile reaction, in proportion to the cerebral irritation, we find coldness and blueness of the surface. This to our mind is one of the most remarkable features of ataxic cholera, and is a characteristic symptom of this malignant variety of the disease. In some cases the bronchia, the stomach, and the bowels, are the seat of well marked congestions or inflammations, without any diminution of the coldness or blueness of the surface of the body; and the pulse, at this time, is frequently so suppressed as hardly to be found; and frequently remains so until the death struggle commences, when it ceases altogether.

In regular cholera, the period of reaction commences with marked febrile excitement, but in this form, with coldness and cyanosis. This variety of cholera is the most deceptive of all. In the commencement, many of the symptoms may be absent, and the physician may be deceived until the typhoid stage arrives, when, in the language of Tessier, "the third stage can only deceive those who wish to be deceived."

The treatment of this variety of cholera must be studied at the bed-side of the patient, as no rules can be laid down for curing this dreadful malady. We will detail one case which was severe, and elucidates the remark made in treating of regular cholera, viz.: that we should not change our remedies until the symptoms change.

C. C., aged 12 years, of nervous bilious temperament, was attacked with slight diarrhœa on Saturday, the 25th of September, 1851. We saw him at ten o'clock, A. M. At this time there was no abnormal appearance in his person, that we could observe. He had no coldness, no pain, no nausea or vomiting. He had had two slight movements, consisting of fœcal matter only, and so slight were the symptoms, that no notice would have been taken of the case had there not been several deaths in the prison (of which the patient's father was keeper) within the last two days. There had been about fifteen cases in the prison, and six had proved fatal under allopathic treatment. How much these fatal cases had to do with the production of the disease in the boy, we will not stop to enquire; we simply state the facts.

For the diarrhœa we prescribed *veratrum* and *phosphoric acid*, and enjoined absolute quiet, which the patient deemed unnecessary, as he did not feel sick. At seven o'clock, P. M., we were called to see him again,

as the bowels continued to move occasionally. We found him greatly altered, and while holding his wrist with our finger upon the artery, the pulse suddenly stopped, and was not felt again at the wrist for about ten hours. With the cessation of the pulse the body became cold as ice; the tongue and the breath were cold; there was constant retching, and the evacuations from the bowels, although small, were involuntary. Secretions of bile and urine were totally suspended. There were constant restlessness; tormenting thirst; constant desire for ice and ice water, and a wrinkling of the skin generally. The mind was peculiarly clear and active, and though he seemed to be aware of his condition, no fear of death was manifested. We immediately prescribed *secale cornutum*, as follows: twenty drops of the tincture were diffused in a tumbler of cold water, and two teaspoonfuls given every fifteen minutes. We visited him every hour during the night. The first change noticed was, a natural warmth commencing on the crown of the head and extending downward; this was observed about twelve o'clock at night. This warmth continued to extend downward until it reached the stomach, when the retching ceased, for he had not vomited for some hours—this was about three o'clock, A. M. At six o'clock the body was at the normal temperature, but extremities cold; pulse 130, small and wiry; three motions of the bowels in the last four hours, and under the control of the will. Continued the *secale*, a dose every half hour. At ten o'clock, A., M., found him delirious; other symptoms the same; extremities as cold as ice, body warm. *Camphor*, forty drops of a saturated tincture, dropped on a lump of sugar as large as an English walnut, and dissolved in a tumbler of cold water, of which solution we gave a table spoonful every ten minutes. Twelve, M., delirium gone, but thirst severe, and extremities cold; bowels moved once in three hours; absence of secretions of both bile and urine. *Verat. alb.* 6 *and* 30, alternately every two hours; ice and ice water to be given every few minutes.

Monday, seven A. M—has slept a few minutes at a time, but is still restless and thirsty; extremities cold; bowels moved every three or four hours. Continued *veratrum*.

Tuesday morning, eight A. M. Slept a few minutes only, during the night; other symptoms the same as yesterday; continued *veratrum*. At twelve M., vomiting and purging as at first attack, with increased restlessness and thirst. *Secale cornutum, second dilution*—twenty drops in a tumbler of cold water, of which two teaspoonfuls were given every fifteen minutes. In two hours the vomiting and purging were arrested, and the patient sunk into a quiet slumber, and at ten o'clock, P. M., the

extremities, for the first time since the attack, were at a normal temperature; and on Wednesday morning we found that the patient had slept well the whole night, and convalescence fully established.

In this form of the disease, or we should say for this particular group of symptoms, we found *secale cornutum* a specific; and we may go further, and say that we believe it will cure all those cases of ataxic cholera where there is a slight tinge of green in the fluids vomited and purged. We would not go so far as to say that it will cure all cases of ataxic cholera, but we do think that the pathogenesis of *secale* comes nearer to the image of ataxic cholera than any other remedy of the materia medica. But we cannot forbear to repeat that this variety must be studied at the bed-side of the patient; and such remedies selected as the *ensemble* of the symptoms shall then suggest and require.

The fourth and last variety we shall notice is black, or galloping cholera. This variety is the simplest, for the reason that it soon terminates, and most generally in death. Tessier says that it has a precursory stage; but so far as we know there is but one stage. In this variety, the vomiting and diarrhœa come on together. It may attack at any period of the day, or night while its victim is asleep, or walking, or sitting, or at his meals; and so great and so instant is the debility that he will frequently find himself unable to rise a moment after he has fallen. After the attack commences the patient has no rest; the discharges and cramp succeed each other without interruption; the secretions stop; the pulse disappears, and the collapse succeeds with astonishing rapidity; and the patient not unfrequently dies in the midst of the cramps and discharges, which have become involuntary; or he may sink into a collapse, which may last for some hours, during which all the functions of life become progressively weaker, while the body becomes icy cold, and the features become so changed as not to be recognized by intimate friends. This variety may last from ten minutes to twenty-four hours.

Treatment.—If we were upon the spot, at the time of the attack, we would give *arnica* and *secale cornutum*, but we do not know as they would be efficient. But the pathogenesis of *arnica* seems to point to it as a remedy capable of promoting reaction in this rapid disease. We have never tried the remedy, as we have never treated this form of the disease.

In conclusion, we advise one and all, if they would be adepts in practice, to study each case by itself, whether it be cholera or any other group of symptoms that has a name; for it is impossible for any man or set of

men to detail the symptoms of a disease by anticipation, and adapt remedies thereto according to the law, *similia similibus curantur.*

Diseases manifest themselves in a thousand ways, and are subject to circumstances and agencies which must always exert a modifying influence which every careful practitioner must and will take into consideration, if he would be successful. It is not from reports—even the best—that we can gain an accurate knowledge of disease; but at the bed-side, where all the facts are before us, to interpret as best we may: and he that can best observe the signs and symptoms, and weigh all the attendant circumstances, and compare, and select from the means already prepared for our use, deserves the highest meed of praise of which man is worthy.

[IV.]

REPORT OF A. R. BARTLETTE, M. D., ON INTERMITTENTS.

Gentlemen of the American Institute of Homœopathy:—Your committee desire to make the following brief report, on the subject of intermittents:

When the appointment was made, at the last annual session of your body, it was advised that the committee should solicit and embody in this report, information from our fraternal practitioners in different localities, involving the results of their experience and observation on the theme assigned to him. He therefore, soon after, addressed letters to some thirty different brethren, hoping thereby to transmit to the Association a *memorabilia* of opinions and experiences from distinguished and successful physicians, which would not fail to add to our common stock of knowledge in an important department. The plan seemed to be a practicable one, and one that *ought* to command the co-operation of our entire medical fraternity. The success of this correspondence consisted of two brief yet encouraging communications, which will be herein transcribed.

It should be stated that so far as the writer's observation has extended throughout the West, the past year has been one of remarkable immunity from intermittents, as it has also from all diseases; and this may account for the difficulty of obtaining communications on this particular subject.

It will be an interesting enquiry, which the plan above indicated might have favored greatly—whether the intermittents of noted malarious regions are steadily declining; and what forms of disease are taking their place—and what circumstances or conditions have favored such a state of things. It has appeared to the writer that for the past two years, accounts from the Eastern States, particularly along their great valleys, and even quite approximate to the sea coast, indicate a strange increase of intermittents in localities where, often, such diseases were never known before. What were the causes of this phenomenon, or whether the accounts were rightly interpreted, he has not been able satisfactorily to ascertain. Can it be that intermittents will some day be seen only as epidemics?

In relation to the eastern and northern tier of counties in the State of Illinois, the writer will state, as the result of information, and which has been confirmed by personal observation, that there has been for ten years past a pretty constant decrease of intermittent fevers, neuralgias, and periodical rheumatisms, largely corresponding to the physical changes which agricultural modifications of soil and vegetation, and railroad and other drainage have made around us.

Along the valley of the Fox River, many can remember the ague faces, yellow with bile as it was called, or gastly with wan emaciation, which peered at us—can call to mind the enlarged spleen and liver (ague cakes) which were complained of, and the terrible attacks of pernicious fever (congestive chill) which appalled the old calomel armed doctors, all over this region. And now the contrast is so grateful as to excuse the opinion that the time is approaching when these torments will scarcely be known here: unless, indeed, the intermittent is to take its place along side of the typhus which not unfrequently visits us as an epidemic. A large share of those who now come down with intermittent fever, here, are recent settlers—the unacclimated—who, unwarned, think to brave our sudden atmospheric changes, and our night air, as carelessly as at the east; or who, tempted by the supposed hunger induced by the process of acclimation, think they can enjoy without stint an "Illinois appetite." These facts, if correctly estimated, prove two points, viz:

First. That a change of vegetable productions, turning up the soil to the light and atmosphere, drainage of the sloughs, and freedom of the streams from their former large accumulations of drift wood, modify the prevalence of intermittents.

Second. That subjection to the *external* morbid causes of intermittents gradually comes to act as a prophylactic against future active attacks, and

explains the phrase so often heard in these days and regions—"wearing out the ague."

As to treatment, your committee can speak positively. He has no sympathy for those homœopathic physicians who fear the ague, or other forms of intermittent disease, and look longingly towards secret nostrums, allopathic speculations, stupefying doses of brandy, lager beer, or anything to "get rid" of the patient. He is not ashamed to compare notes with all other systems of treatment in these cases. His remedies are used in various potencies, from the second decimal to the two hundredth. The remedies most commonly indicated and successful have been *arsenicum*, *china*, *bryonia*, *rhus t.*, *nux v.*, *ipecac.* Other remedies have been brought in, of course, when *well* indicated; but if the choice was embarrassed, those named have furnished abundant success when chosen homœopathically to the ruling symptoms. Nor should *chinoidine* and *quinine* be excluded from the list. They *belong* to homœopathy. And everywhere allopathy should be made to understand that we are not ashamed of the drug, which in Hahnemann's hands *demonstrated* the dawning truth of the law of "similia similibus curantur." The writer's use of *quinine* has been *very* limited. His principal symptoms for its selection have been old chronic, or badly treated cases, with the following traits: all the stages quite distinct from each other; much addiction to salt food, tea, coffee, or tobacco; sleepless nights, and drowsy, weary days; morning headache, dimness of vision, roaring in the ears; chill strongly marked and fever variable; sense of burning on the heavily coated (brown) tongue during the hot stage, sometimes with much thirst, but not invariably; sense of weight or enlargement in the hypochondria; constipations. He has scarcely ever used the crude drug, but finds a trituration of one to five, or one to ten to succeed perfectly, in two hourly doses of half a grain, till the paroxysm is broken, and then lengthen the intervals. He has thus *effectually cured* cases which had long defied allopathic fifteen and twenty grain doses of the same drug. And he is quite confident that doses repeated as above, of from one-tenth to one-twentieth of a grain in *trituration*, will avail wherever the patient can be kept under the proper regimen, if *quinine* is suitable at all. Yet, as before remarked, this drug is seldom called for in his treatment. And your committee wishes to again utter his conviction that no single potency of *any* drug will succeed in the best management of all intermittents. Some cases will demand *low* potencies; others will be managed best, and almost as if by magic with the high potencies. How shall the selection be made? It would not be commendable that this communication attempt a decision

of a question which has divided so many eminent minds. A suggestion may be pardoned.

Quite satisfactory results have, in the writer's practice, succeeded the selection of the potency inversely to the *susceptibilities* of the patient, and the activity of his symptoms. When these were acute, excitable, rapidly destructive, the high potencies have been first selected. When the opposite condition characterized the patient and his disease, and he was much more likely to struggle long with disease, the low potencies have been at once resorted to. A detailed statement of a few cases may illustrate this idea.

Case first. A child, aged fifteen months; very irritable dentition, exceedingly peevish; restless nights with much crying, been quite sick two days, red eyes, tongue coated white, when asleep wakes often with appearance of fright; frequent green diarrhœic discharges, daily sinking; chills followed by high fever, which lasts till nearly the next chill, with very short period of sweating; continued intense thirst. Cured in four days with a few doses of *merc. sol.* 6, and hourly intercurrent single drop doses of *arsenicum fifteenth dilution.*

Case second. A boy, aged four years; inherited a syphilitic taint which his father called salt rheum. Symptoms: chills and fever mixed, and sometimes chills and hot perspiration at the same time; no appetite, mouth dry but not much disposition to drink; dull, constant drowsiness, aversion to being moved, pulse heavy and slow; partial retention of urine, three or four loose stools daily, which were sometimes greenish, sometimes yellowish; he had during a considerable time previous to this sickness, been troubled with a copper colored thinly laminated eruption on the arms, cheeks and forehead, sometimes exuding an ichorous watery serum, and very irritable, apparently from burning—this on the advent of the fever had become suppressed. He was placed under the influence of *arsenicum* 2, a small dose every two hours, in alternation with *arsenicum* 3, and this was continued for five days, omitting the doses after bed time during the night. It is desirable to notice the low dose and frequent repetitions in this case. No aggravation followed. On the contrary the boy's symptoms gradually yielded, and on the fifth day he was so well, *without* any return of the eruption, as to be discharged. And he has had no attack of fever since, now three months past.

Several analogous cases, under high, and also under low potencies might be cited; but these may suffice. The demonstration is that we can infallibly cure intermittents, where there is anything in the constitution to build upon, by a careful homœopathic choice of remedies and

potencies. Your committee has seen it succeed in a case of intermittent Panama fever after allopathy had given up in despair. In this case low potencies were given, and a cure resulted in ten days. On the contrary, another case came to hand of a lady past middle age, who had been at times subject to slight mental hallucinations, during which she fancied some serious disease was about to burst upon her and suddenly destroy her life. When she came under treatment she had been aguish for several days, which doubtless aggravated her mental disturbance, although it was difficult to decide how far her mental state operated in the production of her objective symptoms. Having mislaid the notes of this case, memory only can furnish the outlines. She was able—nay felt a necessity—to be about most of the time, and complained of irregular successions of chills and fever, dread of some fearful sickness, and constantly inquiring what were the symptoms of apoplexy, aneurism, etc.; asked if there was no danger of the heart or the skull bursting open, was hurried in her motions, and forgetful, and would ask the same question repeatedly during the same interview; break off the conversation suddenly, and go into the pantry as if to perform some household duty which she had forgotten, then return in a minute and renew her anxious inquiries—thought she could feel two openings or fissures in the skull, commencing just above the middle of each supra orbital ridge, and extending upward across the os frontis to the coronal suture; sight dim, and objects looked strange, sometimes firy red, sclerotica slightly injected, waxy complexion. The chills and fever paroxysms had been upon her several days; sometimes sufficiently severe to cause her to take the bed for an hour or two. Yet in the midst of these, she watched with a sick friend one night, and during that night seemed to have forgotten her own illness, nor did the next day display any evil results. She was a lover of strong tea, which was of course taken away from her. She was put upon *sulphur* 900, three drops in a table spoonful of water every thirty-six hours. Twelve hours afterwards he sent for the writer in some alarm, and believing her medicine was too powerful. She had either taken a severe cold, or else she was under the exacerbations of sulphur: showing severe frontal headache, tension in the nape of the neck, little red-looking smarting pimples on the scalp and eyelids—profuse watery discharge from eyes and nose, numbness of left arm, pupil of left eye dilated, and twitching of left corner of mouth; great weariness and prostration; increase of general coldness; inclined to weep. Gave *belladonna* 200, one drop every four hours for two days; passed two days without medicine, and then returned to the *sulphur* 900, one

drop every thirty-six hours, which she continued two weeks—at which time she reported herself well, and feeling better than she had done for two years.

This is an interesting case, as a contrast to the last. Whether her ague symptoms were idiopathic or symptomatic, the objective symptoms were certainly controlled either spontaneously or by the high potencies; and her mental state was much improved, although it is not probable she will be free from future attacks of hallucination. An extended comparison of analogous cases would be beneficial to our profession.

The following papers were prepared at the solicitation of your committee to be embodied in this report. They are submitted with much pleasure, both in view of the professional success of their authors, and of their well known zeal in behalf of the American Institute of Homœopathy:—

PAPER BY J. S. DOUGLASS, M. D., Milwaukie, Wis.—I propose to occupy but very little of the time of the Institute—to enter into no details of the treatment or the pathology of intermittent fever. All I propose is to express a single thought, or rather to propound a single principle as applicable to intermittent fever in common with all other diseases, which principle seems to me not only to be often violated in practice, but its violation taught and defended by some in high standing in our profession.

I refer, especially, to the practice of giving *large* doses of *quinine* in all cases of intermittent fever, which do not yield to the curative effects of *infinitessimal* doses of other drugs which have first been tried as being homœopathically indicated. If these fail, then many practitioners resort, not to *infinitessimal*, but to *large* doses of *quinine*. On what principle can this practice be defended, without abandoning the great homœopathic law of cure which lies at the basis, and constitutes the foundation of our therapeutics? Is *quinine* homœopathic to every obstinate case of intermittent fever, and is it required in from three to ten grain doses? If so, why not give it at first, as a panacea, without delaying the cure by other drugs? If it is not more clearly indicated homœopathically than other drugs, why select this as the only one which is to be given in *large* doses? If large doses are required to cure some cases of intermittents, why not select that one which is most clearly indicated by the symptoms according to the law, *similia*, and give that in *sufficient* doses to effect the cure? What is the possible defence for rejecting a drug clearly indicated in a given case because it fails to cure

in infinitessimal doses, and selecting one not thus indicated and giving it in large doses? It seems to me that the only defence is, that the homœopathic law is not of universal applicability—that intermittent fever constitutes an exception.

I will simply express my own view of the matter without, now, entering upon any defence of it.

The great homœopathic law of cure is a universal, not a partial law. In the treatment of intermittents, as well as all other diseases, that law should guide us in the selection of remedies. When the remedy is thus selected and administered in the usual homœopathic doses, and it fails to produce either a curative or a pathogenetic effect, it should be increased till one of these two effects is produced or the disease is changed in character. If the pathogenetic, instead of the curative effects, results, or the disease is only changed, then, and not till then, it should be abandoned and another selected in accordance with law, and similarly administered, and so on, till the desired result is obtained. The law should never be abandoned and a remedy chosen empyrically. For if a drug, in large doses, but slightly indicated by the symptoms will *cure* an intermittent, then certainly, one corresponding better with the symptoms, and therefore more homœopathic, would effect that object more effectually in adequate doses, or the law of *similia* is a delusion.

For some reason (I will not stop to discuss the reason now), there are, according to my experience, many cases of intermittent fever in which patients are remarkably insusceptible, or the disease is remarkably rebellious, to small doses of the most carefully selected remedies. Many cases will be promptly cured by the highest attenuations. But in many others I have obtained curative results from one or several drop doses of *nux*, *puls.*, *ipecac.*, *&c.*, *&c.*, when I failed to obtain any perceptible results from smaller doses.

It is quite probable that our materia medica is deficient in specific or truly homœopathic remedies for many forms of intermittent fever. There are many drugs indigenous to this country which domestic and empyrical use has demonstrated to be successful in the treatment of this disease which have had no provings. Our want of really adapted remedies may be the reason why larger doses are often required. But when we cannot find a remedy, in a given case strictly homœopathic to it, our only scientific resource is to approach as near to it as possible, and employ the remedy thus chosen in adequate doses, instead of resorting to any one remedy empyrically, and without regard to its systematic relations to the case.

PAPER BY D. S. SMITH, M. D., Waukegan, Ill.—In the treatment of intermittent fever I have observed that most cases have yielded to a few remedies selected according to their indications, and mainly given during the apyrexia; and but few indications govern the selections. A large majority of the cases treated by me, have been cured by the administration of *arsenicum* 6, at night, and the same *attenuation* of *bryonia* in the morning. I have frequently succeeded in arresting the paroxysm as follows:—when it has been attended with pain in the head, I exhibit *bryonia*; if pains in bones are a prominent symptom, *mercurius*; when *quinine* in substance has been previously used, *arsenicum*, or when derangement of the stomach and bowels has been a common attendant, *pulsatilla* was employed. My common practice has been to administer four or five doses of the selected remedy, repeated at intervals of from ten to fifteen minutes, commencing with the invasion of the cold stage.

Some cases of long standing which resisted heroic treatment, yielded to a single dose of *carbo v.* 30, or *ars.* 30, and some to a single dose of *arsenicum* 1000. One case I will detail, on account of its bearing upon the subject of potencies.

Mr. H., a clergyman, suffering from a tertian type of fever, had been treated by allopathists, who sometimes succeeded in arresting the paroxysms for a few days with large doses of *quinine*, after which they would recur. This course had been continued for some months without success, when I was called upon to take charge of the case. *Arsenicum*, *carbo v.*, *belladonna*, etc., in the lower attenuations, were given, but without effect. I now suspended medication for a few days, but the chills and fever continued, without perceptible change. One globule of *arsenicum* 1000, was then given, and the patient informed of the attenuation. On the next regular paroxysmal day he escaped the chill and fever, but complained of feeling as much indisposed as when under the influence of his accustomed chill; and the next period brought him such severe sufferings that he desired me to antidote the medicine, saying he suffered more than from the regular ague paroxysm, attributing it all to the little dose of medicine. This aggravation, however, was soon over, and he begun to improve; and in a few days so far recovered his health as to be able to undertake a journey around the country, in an open carriage, which was performed during an inclement season of the year, and lasted two or three weeks. Notwithstanding all this he had no return of his malady, and his health was well established. I gave him no medicine after the single globule of *arsenicum*.

In the treatment of young children, *ipecac.* 3, and *arsenicum* 6, singly or in alternation, have rarely failed in my practice, to arrest and cure the disease.

The rules of diet should be observed by the patient several weeks after the arrest of the paroxysm; and especially should the use of coffee be abstained from during the time named.

In conclusion, your committee would add a few words to the important suggestions of Dr. Smith on the subject of diet. It is to be feared that as many are predisposed to intermittents, by a most villainous diet; so, many cases which perplex and discourage both patient and physician, are instances of the effect of glaring dietetic transgressions. It is often very difficult to keep the patient from sly and willful indulgence of a perverted or diseased appetite. If the appetite is strong, the popular fallacy will surely be remembered—that nature is the best guide in sickness—a fallacy so deep as to co-operate with nature's worst efforts to carry its victim to the winding sheet. If the appetite is wanting, behold the fallacious rule is changed. The patient must have a spiced and rich diet presented, so that he can "worry it down." Or, the patient craves so much drink that pure *water* is thought to be injudicious if not dangerous. So it must be eschewed, and artificial drinks substituted. Self denial, abstinence, the patient rebels against. We must watch these cases with sleepless vigilance, and firmly prohibit everything which can injure the patient or complicate the disease, or detract from the energy of the medicine. In bad cases a restriction to simple nutritive drinks will be advisable.

Your committee regrets that he has been unable to enter more deeply into this vast subject, and especially feels it to be a misfortune that he cannot attend (as he intended to do) the coming session of the Institute: and he hopes that your future committee hereon will be enabled to bring to its investigation that time and talent which shall be commensurate with the importance of the theme.

[V.]

REPORT OF WM. E. PAYNE, M. D.,

ON ALTERNATION OF REMEDIES.

Gentlemen of the American Institute of Homœopathy:—Your committee, to whom was referred, at our last annual meeting, the subject of alternating remedies in homœopathic practice, asks leave to offer the following brief statement of his conclusions, derived mainly from clinical experience:

The subject is one of great importance; and the development of a well defined practical rule, would supply a defect in the science of healing, which cannot be compensated for by any expedient of art. Your committee does not presume to think that he has remedied this defect; and therefore offers his remarks as suggestive, rather than as the embodiment of a clearly defined, and well digested plan.

If the practice of the profession may be taken as evidence, we can but conclude that the alternation of remedies is regarded as indispensable; for a large proportion of published cases are reported, as having been treated with two or more remedies administered in alternation. Nevertheless, there are some who regard the practice as empyrical—as depending upon a limited knowledge of disease, and perhaps, a still more limited knowledge of the *materia medica.* Now while observation and experience compel your committee to regard as unsound, the opinions of those who deny the necessity of alternating remedies in any case, they have taught him, also, that the practice of administering two or more drugs in alternation, on almost every occasion, as pursued by a large proportion of the profession, is detrimental to convalescence; and besides, contributes nothing to the advancement of the healing art.

We think it hardly can be doubted, by those who have had much experience in the practice of homœopathy, and who, at the same time, had no preconceived hypothesis to sustain, that the alternate and successive employment of remedies is sometimes necessary, in order to conduct a case to a favorable issue. And this necessity is not casual—dependent upon fortuitous circumstances; but rests upon immutable principles.

The great truth of the unitary character—the individuality, as it were, of disease, underlies the whole science of homœopathy. All morbid

manifestations in the organism, which result from the operation of a single cause, constitute an individual disease; and, clearly, must be subject to the controlling influence of a single remedy. If a single cause is operative in the production of disease, then a single drug must be sufficient for the cure; otherwise the law of similars is a fancy. This seems to us, at least, to be a legitimate deduction. But if two or more causes can be operative in the system, at the same time, producing distinct and diverse morbid changes, it is as legitimate a deduction that two or more drugs become indispensable to the cure. Let us examine, for a moment, the records of pathology and therapeutics, with reference to the settlement of this question.

In phthisis pulmonalis, it is well known that acute catarrhal inflammations of the pituitary membrane—the mucus membrane of the trachea, and the larger bronchia, and bronchial ramifications, are of frequent occurrence. This is especially the case during the spring months, and in the earlier stage of the disease. These catarrhal attacks arise from sudden and extreme atmospheric transitions, and impart to the disease an aggravated condition. These diseases often co-exist—are not necessarily dependent on each other—they arise from different causes—different pathological conditions exist, and different classes of symptoms are exhibited by each. In view of this general diversity, is it not probable that different remedies would be required for each disease? Is it not probable that the catarrhal inflammation would require a remedy differing in character from that which would exert a controlling influence over the main disease? If the catarrhal inflammation is not promptly subdued, the tubecular condition is developed with increased rapidity; and it often happens that the acceleration thus imparted to the tubercular disease, can be controlled only by alternating its appropriate remedy with that which is adapted to the catarrhal disease. In such cases, experience shows us that *aconite* alternates well with *phosphorous*, *dulcamara* with *lycopodium*, and *bryonia* with *kali carbonicum*,—the choice of the remedies to be subject, always, to the law of similars—the catarrhal symptoms to be covered by one remedy, and the tubercular symptoms by the other.

Infiltrated tubercular phthisis, so called, is often accompanied with repeated attacks of pneumonia, which exhibits the symptoms of an ordinary pulmonic inflammation, and differs pathologically as well as symptomatically from the existing tuberculous condition. This pneumonic inflammation, if not arrested, passes, from a state of inflammatory engorgement, into hepatization, and thence into purulent infiltration, and ends in death before the tubercular process can have time to accomplish

its work, in its ordinary course. Here we have, apparently at least, two different abnormal conditions, in a greater or less degree of activity in the system at the same time; and they mutually aggravate each other—the tubercular condition rendering the inflammatory process more violent; and the pneumonia, in its turn, hastening the progress of the tuberculous disease. It must be evident that the totality of the symptoms, in such a case, cannot be covered by a single remedy, according to the requirements of the therapeutic law. The disease is not a unit,—different points and tissues are attacked,—different pathological symptoms are exhibited—those which belong to two distinct and diverse diseases. It is not difficult to see that more than one remedy might be required in this condition of the system; and we think the testimony of those who have successfully combatted such pulmonic inflammations, without leaving the tuberculous disease in a decidedly advanced condition, would not only favor the alternate employment of remedies, but would pronounce the practice indispensable.

Pleuritis is another disease of frequent occurrence in tubercular phthisis. This acute inflammatory process results more often than otherwise, from sudden atmospheric changes—from impressions made upon the organism from without; and is not, like phthisis, dependent on a constitutional, or hereditary predisposition; or what is termed by modern pathologists, a tubercular dyscrasis, or primitive blood disease. Here are two distinct diseases occupying the system at the same time—differing essentially in their origin—in their pathological character, and in their symptomatic manifestations; or, according to the technicality of modern pathology, they are the offsprings of two distinct dyscrasical conditions of the blood. Though these two diseases often co-exist, no necessary and essential relation exists between them; but each is aggravated by the presence of the other. It hence becomes necessary that both should be put under therapeutic control. Can we find a single drug, the pathogenetic scope of which will cover these diverse pathological conditions, and different symptomatic phenomena? To maintain the affirmative, it seems to us, would involve the abandonment of the therapeutic law as held by the homœopathic school, and expressed by the formula, *similia similibus curantur.*

Dysentery, also, which is an inflammatory affection of the mucus membrane of the colon, is often seen associated with endometritis, or puerperal inflammation of the uterus. We find, as frequent concomitants of pericarditis, inflammation of the synovial membranes of the larger joints; pneumonitis; and, often, in the latter stage of the disease, acute inflammation of the meninges of the brain. Pulmonary atrophy is sometimes

co-existent with cardiac hypertrophy; and, not unfrequently, associated with chronic diseases of the heart, do we see uterine as well as cerebral hemorrhages. Endocarditis is a frequent concomitant of Bright's disease of the kidneys; the right side of the heart sometimes becomes the seat of an inflammatory process during the existence of uterine phlebitis; and co-existent with the same inflammatory condition of the veins of the uterus, we have an inflammation of the lymphatics of the lower extremities, inducing the disease called *phlegmasia alba dolens:* measles and pneumonites also, are concurrent diseases. We might greatly multiply instances of this double organic derangement of the human organism, for the whole field of pathology abounds with such examples.

It is not our purpose, nor is it in accordance with our plan, to inquire into the *rationale* of these specific complexities—to discuss the why and the wherefore of the liability of pneumonia to occur during the existence of pericarditis—of catarrhal inflammation in phthisis pulmonalis—of endocarditis in Bright's disease of the kidneys, etc. It is sufficient that such complexities do occur;—and that the fact is familiar to all who have kept up with the advances in pathology and pathological anatomy.

We see by the above enumerated examples, that consecutive and concomitant effects, in the course of diseased action, may arise in any organ or tissue remote from the one primarily attacked; or, in other words, two organs or tissues anatomically remote from each other, may be under the active influence of disease at the same time. And if we extend, a little further, our examination of the above enumerated cases, we shall see, not only, that two distinct, or remote organs may be abnormally affected at the same time, but that such abnormal conditions may be radically different in character. We shall see that these examples are susceptible of a two-fold arrangement—that they, in fact, belong to two distinct classes. We shall see, on the one hand, that though two distinct organs or tissues are diseased, and appear to differ essentially, yet the diseased action is one and the same—it is a unit—dependent upon the same cause—it is simply an extension of the diseased process, from the organ first attacked, along the implicated tissue, till it arrives at some remote organ, where the abnormal process is continued, without leaving its hold upon the organ first implicated. On the other hand, though there appears to be no greater diversity in character, yet the diseased action is not a unit—it is diverse—dependent on the simultaneous operation of different causes impinging, as it were, upon different points of the organism. Let us illustrate the distinction by a few examples.

If we find an inflammatory condition of the right side of the heart,

co-existent with uterine phlebitis, as is sometimes the case, the question, which is eminently a practical one, arises, are they one and the same disease—dependent upon the same cause? or are they diverse—dependent upon the operation of different causes? Pathology settles the question in the affirmative. It shows us that the inflammatory process which commenced in the lacerated veins of the uterus, extended thence along the trunk of the spermatic vein, through the *vena cava*, to the right auricle; and the heart, though distant from the uterus, became implicated by extension of the diseased process along the venous trunks. These then, apparently diverse diseases are not so in reality—they are one and the same—are complements of each other. In such a case we shall find, probably, that the remedy which covers the uterine symptoms, will cover, also, the heart symptoms; and thus, the remedy for both these remote, and apparently diverse conditions, will be one and the same.

Again, if we find dysentery associated with puerperal endometritis, as it often is, though two distinct and remote organs are implicated—the uterus and the colon—yet this is an apparent, and not a real complication. The disease is in no way modified,—it has simply extended its boundaries, without changing or diversifying its character,—it is still a unit, as may be inferred from the fact that the same tissue is implicated, viz: the mucus membrane of both the uterus and the colon; and this inference is strengthened by the additional fact that the resulting products of the diseased action, are identical in their elementary character. But the unity of the disease, which was before an inference only, becomes to us a fact when we find that the morbid process of the mucus membrane of both the uterus and the colon, yields to the same remedy. A case illustrative, occurred in the practice of your committee within a very short period. A rapid cure of a case of puerperal endometritis, associated with a dysenteric process of the colon was effected by *belladonna* 900, unaided by any other remedy. The symptoms were, high febrile excitement, with frequent, full and bounding pulse; severe pulsative, frontal headache; general clammy perspiration; chills on moving; great tenderness over the region of the uterus, with pricking pains, increased by every movement of the body, and especially on extending the lower limbs, which, from necessity, were kept constantly flexed; bearing-down sensation in the uterine region; lochial discharges of a reddish brown color, with occasional expulsion of a dark, friable, offensive coagulum; vagina hot to touch; neck of the uterus swollen by sanguineous engorgement, and very sensitive. Associated with this inflammatory condition of the uterine cavity, was the dysenteric process. This feature of the disease was charac-

terized by muco-sanguineous discharges, with tenesmus ani. The whole scope of this abnormal condition had existed some three or four days, without abatement, before medical aid was sought. The subsidence of the symptoms was prompt—indeed so prompt as to place the curative action of the *belladonna* beyond doubt, in the mind of your committee; and all traces of the disease disappeared, under its employment, without the aid of any other remedy.

That this disease, though active in different and remote organs, was a unit, is evident from the fact that both its primary and secondary developments were upon the same tissue, viz: the mucus membrane; and the symptoms were fully covered by *belladonna;* and to *belladonna*, unaided, the whole abnormal process yielded.

On the other hand, we find a different class of symptoms,—an abnormal condition of the organism, which may be said to be complex in the strictest signification of the word. Different points, or organs, are assailed—different tissues are primarily implicated, and diverse causes are operative. In this latter class of diseases, we shall find, as a general, if not an invariable rule, that an acute disease is associated with one of a constitutional, or chronic character; whereas, in the former class, the whole abnormity is acute—is dependent on the operation of a single cause impinging upon a single tissue or organ. Thus, the catarrhal inflammations so frequently associated with tubercular phthisis, are of an acute character—are induced by causes operating from without; and mainly, from atmospheric changes, which suddenly arrest the cutaneous transpirations, the consequences of which are primarily developed in the mucus membrane of the air passages. These acute catarrhal inflammations are never persistent in their course, when uncomplicated; nor are they transmissible to the offspring. Whereas, the chronic, or tubercular disease, with which the catarrhal inflammation is associated, is admitted to be dependent upon a constitutional cause, or scrophulosis; it is persistent in its course; it is transmissible to the offspring, and is primarily developed in the interstitial tissue, or parenchymatous texture of the lungs. Here, then, is a radical distinction, in both the pathological condition, and symptomatic manifestation; and the diversity in their therapeutic management is no less striking and essential.

The frequent occurrence of pneumonic inflammation, with chronic pericarditis, is another example of the concurrent operations of two dissimilar diseases. The one is of a chronic character, confined to the serous lining of the pericardium; and the other, an acute inflammatory condition of the pulmonary parenchyma.

The following case may illustrate the concurrent diverse morbid processes to which we allude, and which demand, according to the principles laid down above, the employment of such remedies as are homœopathically indicated by each abnormal process. A lady aged about 35 years, spare, of nervous temperament, and irritable habit of mind, had been, for a number of months, suffering from pulmonary interstitial tuberculosis, characterized by a hard dry cough, increased in the morning on rising, and at evening on laying down, with purulent, greenish sputa; rawness of chest; loss of appetite; emaciation; morning coldness and evening fever. The case had been, for some time, under the charge of a homœopathic physician, and a variety of remedies had been used, the last of which was *iodine tincture*. The symptoms, of which the above are the general, seemed to indicate *lycopodium*. This remedy, at the 30th potency, was accordingly given. It seemed to operate favorably, lessening the cough, and rawness of the chest. At length the patient took cold, and *pleuritis* of the right chest supervened, with violent pain in the side, increased by every inspiration, and movement of the body; dry heat of the external of the body; general fever and headache, with increased inclination to cough. *Aconite* was now given alone, and subsequently in alternation with the *lycopodium*, but without effect. *Phosphorous*, then *bryonia* in alternation with the *phosphorous*; but they were equally inefficient. *Scillæ* was now substituted and seemed to exert a favorable influence by rendering the pain more bearable; but the most prompt and decided effects followed the alternation of *nitrum* with the *scillæ* every four hours. The pleuritic pains immediately disappeared, and the acute attack ended without any perceptible advance of the tuberculous condition of the lungs. The treatment of the tuberculous disease was continued by *nitrum*, with perceptible improvement, till the patient left for a distant home.

The radical distinction between the origin and character of acute and chronic maladies, and the fact that both may be in a state of greater or less activity in the system at the same time, is an important practical consideration; and one which should claim the attention of the physician, at the bed-side, on all occasions. Upon it rests, we think, the whole subject of drug alternations.

[VI.]

REPORT OF JOHN ELLIS, M. D.,

ON THE SCALE FOR PREPARING MEDICINE, ETC.

Hahnemann, and perhaps most of his followers up to a very recent date, used exclusively the centessimal scale in the preparation of the dilutions; but not a few at present prepare them ten to ninety, and some even five to ninety-five of sugar of milk or alcohol; and, for aught I know, still others may prepare them in other proportions. The result is, that there is at present, no uniformity in the preparation of our dilutions; and when a physician or writer, speaks of giving the thirtieth dilution, we do not know whether he is using that dilution or the fifteenth, or even some other dilution according to the centessimal scale. Now it seems to me that every one must admit that this is not a desirable state of affairs, but that uniformity in the preparation of the dilutions is very desirable. At first when the decimal scale was recommended, it was proposed to number the dilutions thus prepared according to the centessimal scale. As it takes two dilutions of ten to ninety to make one dilution of one to ninety-nine, it was directed to number them accordingly; thus the first dilution of ten to ninety was to be numbered one-half, the second one, the third one and one-half, and so on. Had this course been strictly adhered to, the preparation of our remedies according to the decimal scale, would have been less objectionable than at present; still not without serious objections. These objections, I propose hastily to notice.

First, I will inquire if any real advantage is gained by preparing the dilutions according to the decimal scale, and afterwards notice the objections to this mode. It has doubtless been supposed that medicines are stronger when thus prepared, and that every portion of the sugar of milk, or alcohol, will be more sure to be impregnated with the active properties of the drug. Now that any given dilution, prepared according to the decimal scale, contains more medicine than the same dilution prepared according to the centessimal scale, is manifest; for it takes precisely two dilutions prepared ten to ninety, to make one dilution prepared one to ninety-nine; therefore there can be no difference between the first centessimal and the second decimal dilution, nor between the thirtieth of the former, and the sixtieth of the latter. If we desire to use the thirtieth

dilution, prepared ten to ninety, we have but to use the fifteenth prepared one to ninety-nine, and they will be of precisely the same strength. Sometimes we may wish to use a preparation stronger than the first dilution, and perhaps between the first and second; here then, of course, we shall be under the necessity of varying from the centessimal scale, and can use with propriety ten, five or any other proportion as we may fancy; and by making them accordingly, we shall avoid confusion; but after the second dilution no one would care about a fractional dilution. The first objection I shall notice to the decimal scale, is one which will be appreciated by those who have little leisure, or who are averse to the performing of unnecessary labor, viz: it takes twice the number of dilutions, and consequently twice the length of time, and, I will add, patience, to reduce our remedies to the same strength; and stubborn figures show that we gain nothing. The second objection, I fancy, comes still nearer home to not a few young practitioners, viz: it costs twice as much to carry up a remedy to the thirtieth dilution. But a few of the dilutions are usually preserved, the alcohol of the intermediate dilutions being thrown away in either mode of preparing them. To make one dilution of the centessimal scale will require ninety-nine drops of alcohol; but to obtain the same reduction of strength by the decimal scale, will require two dilutions, and to make these, one hundred and eighty drops of alcohol will be required; and in preparing the thirtieth centessimal dilution, by the decimal scale, thirty times eighty, or twenty-four hundred drops are actually unnecessarily wasted. If the loss of time, labor, and money were the only objections to the decimal scale, I should probably not have troubled the Institute with this report; but there are still greater objections which yet remain to be noticed. The preparation of the dilutions by the decimal scale, tends in the wrong direction; for I think every one who has carefully used the high dilutions, will be ready to bear me witness that the happiest cures witnessed are effected with them. And if in the infancy of our system, we are under the necessity of frequently using the low dilutions, as I confess I am, we should not rest satisfied, but have in view the perfecting of our art so far as to be able to cure all diseases by the high dilutions. Now, I have reason to think, that very few who use the decimal scale ever carry up the dilutions to the sixtieth, but only to the thirtieth, which is the fifteenth centessimal dilution; and if they use this, and expect the same results which Hahnemann, and those who use the thirtieth centessimal dilution have witnessed, they will most certainly be frequently disappointed, and the high dilutions in their estimation will fall into disrepute. This is a serious objection to the use of the decimal scale to my mind, for

I am satisfied that I cannot treat patients with the full success of which our art is capable, with the low dilutions alone. I have as far as possible without prejudice, treated patients with the low and high dilutions, and when the low dilutions have entirely failed, I have often succeeded like a charm with the thirtieth, or even a higher dilution *of the same remedy;* and again when the high have failed, I have often obtained prompt relief from the low: so that I cannot do without both the high and low.

Another serious objection to the decimal scale exists in the difficulty of properly preparing the triturations. In preparing one to a hundred we put the one grain into, perhaps, one-fourth or one-third of the sugar of milk, and triturate that a sufficient length of time to thoroughly attenuate the medicine, and then add the rest of the sugar of milk, and thoroughly mix. By thus preparing our triturations the quantity of sugar of milk, say twenty-five or thirty grains—is not so great but that it can be thoroughly ground down, and the one grain of the remedy constitutes but one twenty-fifth of the mass. It is very doubtful, to say the least, if the remedy can be as thoroughly comminuted in the latter, by even going through the two triturations which are necessary to make one trituration of the centesimal scale, as in the other mode: nor does the trituration in the one case contain a particle more of the remedy than in the other, although we are every time triturating over one-tenth of the former trituration, which is a loss of time. But the above are not the only objections; a far more serious one is found in the fact that not a few physicians, and for all that I know, all who use this method, use the third decimal trituration from which to prepare the higher dilutions with water and alcohol, and I strongly suspect, that in this circumstance will be found the reason why some homœopathic physicians express a want of confidence in the high dilutions of *aurum*, *lycop.*, and other insoluble remedies. That the *high* dilutions of these remedies are efficacious, when prepared from the *third* centesimal dilution, will certainly be questioned by few who have used them; but have we a right to expect the same result when they are prepared from the third decimal trituration? The third decimal trituration contains one thousandth part of the crude drug, whereas the third centesimal contains but one millionth of the crude drug; that is, it is reduced by trituration one thousand times more than the third decimal trituration.

I can but regard the introduction of the decimal scale, in the preparation of our dilutions, as one of the most unfortunate circumstances which has occurred, and, as being in every respect pernicious in its results. The remedies prepared according to the centesimal scale have always

acted well, and there was no occasion for any other; and it seems to me very important that we get back to it, not only for the sake of uniformity, but also for the sake of having reliable remedies. This can only be accomplished by those who purchase their dilutions, setting their face against all other preparations; and those who prepare their own remedies, preparing them in the easiest, cheapest, and best manner,—that is, one to ninety-nine.

[VII.]

REPORT OF D. M. DAKE, M. D.,

ON EVACUANTS: THEIR PHYSIOLOGICAL AND THERAPEUTIC RELATIONS TO THE HUMAN SYSTEM.

By evacuants is meant those substances of the materia medica which, when administered in any considerable quantity, increase the excretions and elimination of matter through the emunctories. Approaching this subject the mind is attracted in two opposite directions, to contemplate phenomena, opposite in character and occurring under widely different circumstances. By one class of phenomena, the mind is drawn to the materia medica—to the pathogenesy of drugs; by the other, to the art of using drugs for curative purposes—to contemplate therapeutic phenomena. To arrive at a knowledge of the physiological relations of evacuants to the human system, health must be accepted as the standard of comparison, and deviation from *it*, as the measure of influence exerted by *them*, and as the unmistakable indication of the relations sought; whilst on the other hand, to find the curative relations of the agents in question, the pathological conditions of the system must be received as the standard of comparison, and deviations in favor of health, as the only discoverable indication of said relations. Aside from this formula we have no possible clue to the objects of our search, but thus indicated, the way seems clear by which the relations in question may be found, and by which to secure conclusions in every way reliable.

First. Relations Physiological.—In order to a clear understanding of this division of our subject, contribution must be levied upon a wide range of medical literature, that the fruits of observation collected

by those who have explored this field before us may be made available for present purposes. We find at the very point of departure in our undertaking that the first step may not be taken understandingly until physiology has shed its pure light along our path, for without a knowledge of the human body and its functions as a fixed centre accepted, by which to solve the problems before us, we have no security, no assurance of correct results. Physiology gives the normal conditions, and functions of the human body as a metre by which to find the degrees of activity, and qualities of influence exerted by the drugs whose relations to the body are sought.

Starting with this *metre* we look about us for information—for facts bearing upon our subject, and find four apparent, resolvable into one reliable source of knowledge. The apparent are, 1*st*, *toxicology;* 2*d*, *old school materia medica;* 3*d*, *homœopathic materia medica*, and 4*th*, *direct experimentation*, the three former being resolvable into the latter, as the real, and the only source of facts, of scientific value.

It would appear to the casual observer that, much, and important information should be derived from toxicology and the old school materia medica; for in them are contained the cumulative fruits of a world's experience, to the time of Hahnemann, and to the present day, aside from facts collected by his method; but not so to one who approaches this subject with a view to scientific accuracy. Though from *toxicology* may be gleaned many facts, and when rightly weighed, perhaps of no less value because the fruit of casual observation—compelled by accidental opportunity, there is one circumstance which imparts value to facts collected for medico-legal purposes, viz: that facts thus collected usually relate to the extreme action of a few substances used in allopathic practice, as evacuants. There are, however, two circumstances that detract materially from the value of facts thus collected; they are, first, the want of opportunity for close and careful observation, occasioned by the hurry and confusion usually attendant upon cases of poisoning, and, second, the phenomena of their action are generally rendered ambiguous by the introduction of other substances as antidotes, or for their removal from the system. If, as is thought by many, the relations of such drugs to the human economy may be learned by safe trials on the healthy, then might toxicology be set aside as a useless branch of study except for medico-legal purposes, but we must ascribe to each clearly discovered fact, relating to drug action beyond the point of safe experiment, intrinsic value; for without such facts, the ensemble of phenomena would be incomplete, and our knowledge of the physiological

relations of drugs, to the economy, therefore, imperfect; whilst to rely upon facts thus acquired, and phenomena thus elicited, as our only means of knowing the relations of these substances to the human economy; still more defective would be our knowledge of them, of their ability to modify the phenomena of life, and of their spheres of activity in the vital economy.

We will turn from this comparatively sterile field to the *old school materia medica*, where meagre enough will be found the statement of facts bearing upon the physiological relations of drugs to the human economy. No systematic course of experimentation has ever been persistently pursued by the old school. Accident has furnished opportunities for desultory observation, and consequently but little, if any reliance should be placed on facts derived from this source. Various, and changeable have been the tests of drugs in the old school by which its materia medica has been collected. The trial of drugs on the sick, although the most constant, is, nevertheless, a spurious and unreliable test of medicinal materials. This will be found no more reliable than the trial of drugs on dumb animals, as a source of *materia medica*. And *he* would exhibit as much evidence of sound common sense who would send a monkey to set for his likeness, or the measure of a hog for a suit of clothes, as one who would attempt to find the relations of drugs to the human system by trying them on dumb animals.

We turn, therefore, from this comparatively idle quest, to that purer light—that better lighted field which bears the foot-prints of the immortal Hahnemann and his faithful followers. Here, and in the light of the pure formula laid down by the founder of homœopathy for the collection of a pure materia medica may we hope to see clearly the work before us.

With the human body as a centre given by which to work the problems submitted in the work before us, we may trace physiological signs as radii, and thence find each arc in the circle around said centre, where every relation, existing between man and the external world must be observed and known, if ever made clear to human understanding. This proposition will come home to the reasoning mind with all the clearness and force of self-evident truth. That the attention of medical men should have been so long diverted from this axiomatic proposition, is unaccountable to one who comprehends its application and bearings upon medicine, for the development of *science* and *art*. Hahnemann and his followers have done more within the last half century to bring out and demonstrate the physiological relations of drugs to the human system

than all other observers in all time, and for the simple and sufficient reason that he and they have worked the accurately stated problem by pure, unequivocal, and the only reliable rules for reaching just conclusions; whilst nothing but accident, short of miracle, could have guided the old school observer to truthful results.

Casting an eye over the fruits of observation collected for the homœopathic materia medica, we may clearly comprehend the relations of its contained articles, not only to the emunctories but to each organ and function in the living economy. We find there related, not only the primary and prominent, but also the secondary, or consecutive influences exerted upon the human system by the articles of materia medica. And by comprehending the *complete* action of drugs, we comprehend their physiological relations to the economy of man, whence, conducted by the paramount influence exerted by them, we find our clue to their *therapeutic* relations to the same economy.

Pursuing this indication one step further, we find our law of cure, or rule by which to select from the materia medica the agent suitable to any given case as the true curative means. It is from this *point* that therapeutic art is seen throwing back to science its approving smiles, and science forever vindicating its artistic offspring—a *point of view*, from whose elevation the allopathic observer has never been permitted to look around upon the elements of medical science and art reduced to order. The cumulative facts that give a fixed and lasting value to the homœopathic materia medica, have been elicited from the bosom of nature by *pure experimentation*, called by close obvervation, and arranged with care.

It is not the purpose of your committee to institute anew the experiments by which the facts and phenomena of drug action have been elicited, and we pass, without a more lengthy notice, this pure and original source of information, with regard to the physiological relations of evacuants to the human system. Nor is it purposed to recite in this connection those portions of the materia medica which bring to view the evacuant powers of its contained articles. Ample has been said to indicate the course of observation necessary to an understanding of this division of our subject, and we pass to consider

Second, Relations Therapeutic.—In order to a clear understanding of the objective elements of thought presented in this department of our work, a passing notice of the emunctories is due, and thus we are brought back to the centre accepted, by which the problem submitted is to be solved; and we have before us, as an object of study, one-half of that

great system of functions by which the balance between supply and waste is maintained, in the human organism, viz: excretion, and elimination. Between *supply* and *waste* there presides an intermediate function peculiar to neither, yet indispensable to both; this we will denominate the elective function, whose theatre of action is between secretion and nutritive assimilation on the one hand, and on the other, excretion and elimination. This is the point on which, in health, supply and waste are well balanced; and it is at this point, that the choice of materials is made for the growth of the system, and of that which is to be thrown out of the system as of no further use, or detrimental to the economy of life. Here *something* determines what is required for supply; what is to pass back to the circulating medium as useful, yet superfluous for present purposes, and that which is to be excreted and cast out as worthless; *this something we denominate the selective, or elective* function. Suspend nutritive assimilation and witness the sad effects, and so of excretion and elimination. No one can for a moment consider the amount of material *received*, and *eliminated* by the system in health, without conceiving the necessity of a due balance between the two. Stop supply and allow waste to proceed at its usual rate, how soon would the rapid disappearance of flesh announce the fearful disorder? And as speedily would be announced the fearful result of suspended excretion and elimination, in dropsical effusions, hypertrophy, and other organic changes. These would be extreme results, yet between these extremes every conceivable degree of abnormal phenomena is met by the physician; hence the necessity of a due balance between these two functions. And hence too, the wise provisions made in the economy of life, as seen in the readiness, with which organs allied to each other in structure and function, take on vicarious action. Stop the ingestion of food and drink for any considerable period beyond what is usual, and at once the absorbents of the skin imbibe with avidity moisture from the air, and nourishment infused in the water of a bath. Suspend perspiration, and how speedily do the kidneys arouse to the performance of double duty? Such phenomena are of every day occurrence. And again we have, as if nature would resort to any extreme, for the protection of the vital economy, bleeding from the gums for suppression of the catamenia, and that singular disease called paruria eratica as a substitute for the urinary secretion, suspended. And we find that what nature has omitted in her intrinsic arrangements in the *economy* of life she has wisely provided for in its relations to the world exterior to itself.

Substances have been provided, endowed with power to produce every

conceivable modification of function in the emunctories controlling secretion, excretion, and elimination in such a way as to depress excessive, and elevate depressed activity. It is the relation of such substances to the emunctories that concern us at present. And we turn now, to consider their therapeutic relations, to the "human system." How are these relations to be learned? We have but two sources of information, and they are, first, empirical practice, or the evidence furnished by the old school results of practice, and second, the results of homœopathic practice, or the evidence furnished by the trial of drugs on the sick according to the acknowledged therapeutic axiom of homœopathy:—

First—*Allopathic Evidence.*—It would appear to the casual observer, on looking over the established routine of allopathic practice, that thence should be derived the greatest amount of substantial knowledge attainable on this subject. It is well known that with the old school, the evacuant treatment is patent. The high priests that now minister, and all who for thousands of years have ministered at the altars in the desecrated temple of Æsculapius, have directed the chief energies of their great minds in search of evacuants, as one sage writer of their number has remarked: "In the discovery of those substances which act upon the emunctories, through which diseases pass out of the system in health," evidently regarding fæces, urine, and cutaneous perspiration, the soul, body, boots and breeches of disease. Yes, it would seem that this might be our chief source of information, for the old school has pushed the evacuant treatment to a bold and familiar extreme, so familiar,

> "That any fool may form a batch of pills,
> And swear them safe, to cure all human ills."

But meagre indeed will be found the gleanings of this field of search for *facts* of any determinate value for our present purpose. The few discovered, will be seen in such isolation as to render them of little scientific or artistic value. Turning to the curative relations of, so called, evacuants of the old school, confused, will be found the phenomena, from which to infer the relations sought. Looking beyond, yet through the changes of vital phenomena occasioned by evacuants, to the final recovery of the sick, who will pretend to single out the data from which to conclude safely opinions of their curative value, or of their relations to the human system? Without additional light it could not be done by any gift of perception or reason. *The post hoc, ergo propter hoc* method, though the handmaid of empirical medicine, will ever be found unsafe, unreliable and extremely deceptive. Many recover and many die from similar dis-

eases, treated by evacuants to an extremity, which leaves no doubt upon the mind that they have enjoyed the full advantage, or disadvantage of scrubbing and scouring the organism by evacuants, and it would be as fair to conclude that all who died after, had therefore died in consequence of the evacuant treatment, as that any were cured by it.

Aided by the light of a general law in therapeutics, we are enabled to see through the fogs of theory, by which all the really suggestive facts and phenomena observed in empirical practice have been disposed of, to the really practical value of said facts and phenomena. If rheubarb is found to cure mildly and promptly, a given form of diarrhœa, we may readily see beyond the theory, that wrongly refers the cure to an astringent property of that drug to the general principle or law in accordance with which the cure is effected. If calomel is observed to cure a given form of dysentery, promptly and surely, the theory which ascribes the cure to the alterative action of mercury will be found insufficient, when viewed in the light of other facts and that general therapeutic law which explains the facts alike, clearly in either case. If we find a substance ordinarily denominated an evacuant, cathartic, for instance, and jalap the substance, increasing dejections *per ani*, for a few hours, and for days after suppressing all evacuation, the momenclature by which the action of this and kindred agents has been expressed could hardly be justified; for in view of all the facts in the case, the term astringent would give a more just expression of their mode of action. Should an "astringent" bind the bowels for a few hours, and finally bring on a long continued diarrhœa, with what propriety could it be termed an astringent? Would not the word *cathartic* more correctly express its action? Cantharides might act for a short time as a diuretic, when the phase of its action would give place to one entirely opposite in all its features; instead of a free and copious flow, there appears painful micturition, tenesmus vesica, diminished and finally suspended secretion of urine, tormenting the subject for days. In view of these facts who would call cantharides a diuretic? It is evident, and demonstrable, that none of the emunctories can be urged to inordinate activity by, so called, *evacuants*, without a more permanent opposite state being thereby induced; so that drugs whose primary action increase excretion and elimination by the emunctories, must retard their functions, as an ultimate, and the most permanent result of their action. And we find that, whatever the theories of cure, constructed by the old school to the contrary, the truth that drugs are incapable of curing by their antipathic action, stands out in bold relief from nature's ineffacable record of the will of God.

We learn by looking over the records of old school practice, 1st, that all prompt cures have been effected by the homœopathic action of drugs, and 2d, that all diseases whose existence is manifested through the functions of the emunctories, are uniformly aggravated by evacuants. Thus much may be learned of the therapeutic relations of evacuants to the human system by the study of allopathy. Cathartics cure diarrhœa, and astringents, constipation, and we reach the conclusion that, after all, cathartics are astringents, and astringents cathartics.

This inevitable result of careful observation, and attentive co-ordination of facts and phenomena, has long tormented the old school observer, for however unwilling to heed it or profit by it, it has been forced upon his convictions at every step of his progress: and, but for the unmistakable indications written upon the face of facts, that conduct to a general therapeutic *law* the mind would falter at this point, and, confused, retire from the field for want of light to proceed. But the indications of a general rule by which all true cures are and must be effected with drugs are so distinct, so unmistakable, when followed with fidelity, that all embarrassment is removed, and the observer permitted to go along in the path of investigation with unfaltering step to find and to know the truth. Fully comprehending the general rule of cure thus pointed out by the paramount influence exerted by the materia medica over the human economy, the therapeutic relations of evacuants are clearly discernable by him who knows their physiological relations to said economy. No well informed homœopathic physician will deny the necessity of evacuants in the treatment of the sick; all will acknowledge the necessity of a due balance being maintained between the organs and functions of supply and waste. When in fevers, inflammations, or any other forms of disease, the urine is scanty, skin dry, and dejections by the bowels suspended or greatly retarded, one and all watch with care these conditions of the emunctories, and look with concern to the restoration of their normal states, not as a means but as at once the evidence and result of cure; and no matter what the agents or how classed in the old school materia medica, by which the desired result is brought about, they must be regarded the only true evacuants, notwithstanding their primary action is in seeming opposition to the cure. It is the paramount influence exerted by drugs which we seek, and this must be in favor of the cure, whatever opposing influence they may seem to exert.

The allopathic physician starts with the assumption that the cure is to be effected by the forced elimination of feculent and morbid materials. This he seeks to accomplish by evacuants, by cathartics, diuretics, dia-

phoretics, etc. For a season they seem to act well, morbid phenomena seem to roll back in the direction of health under the forcible action of drugs, perspiration seems established, urine increased, and dejections by the bowels free; but what follows? Is the fever broken, the disease cured? No! far from it. All the morbid phenomena are replaced with augmented intensity, an impulse has been given to the disease, urging it in the direction it was going, before impressed by the drugs, to be perpetuated through their long secondary action or the reaction of the vital forces against their rude, primary impression. Some may, many do recover their health under antipathic treatment, but is it by, or in spite of the treatment? We have answered this question; and we come to consider next in order the only reliable source of information, viz:

Second. "*The evidence furnished by homœopathy with regard to the therapeutic relations of evacuants to the human system.*" Here we are taught by evidence, direct and unequivocal, that so called diaphoretics cure promptly morbidly increased perspiration; diuretics morbidly increased secretion of urine, and cathartics, morbidly increased activity of the intestines. And here too we find evidence that amounts to demonstration that the so called evacuants of the old school materia medica sustain to the human system no curative relations whatever, when administered in obedience to the dogmas of that school, or the law of contraries.

That drugs denominated evacuants by the old school, sustain curative relations to the human system, will not be denied, but it is denied that antipathy teaches such relations, or in any way becomes the just exponent of them. This is the legitimate work of homœopathy.

Homœopathy exposes the faulty nomenclature of the old school, dissipates the fogs occasioned by it, and discovers in a light, pure and all convincing the only true evacuants, and gives their relations to the human system. *Each medicine, the so called evacuants, as well, all others, remove morbid phenomena and morbid action, the likeness of which they are capable of producing on the healthy*, and to know the therapeutic relations of any given substance to the human system, it is only required to find its pathogenesy, or its physiological relations to said system, and test it in the light of the above law, simple, pure, unmistakable, and the immutable expression of the infinite mind in the provision and government of therapeutic means.

Science gives the *syndromy* of disease and the *pathogenesy* of drugs, *pathology* the former, and *materia medica* the latter, and it is alone, by a faithful comparison of these that the therapeutic relations of evacuants to the human system can be known and appreciated. The relations

sought are given by the resemblance between the symptoms of drug action, and the symptoms of disease.

It is not my purpose to give in detail the relations of all, nor any one of the so called evacuants to the economy of man, diseased, or in health; but merely to answer the enquiry, "*how or by what course of observation and logical formulæ are they to be found?*" And I have shown, 1st, that to know the physiological relations of evacuants to the human system, they must be tried on the system in health; 2d, that to find their relations to the system diseased, as means of cure, they must be tried on the sick by a law of cure which directs their use. And what I have said must suffice for present purposes. I will here dismiss the two points submitted by you to me, and close by a brief consideration of

POPULAR PREJUDICE AND IGNORANCE on this subject, as an important barrier to the introduction of homœopathy. We, as homœopathists and medical reformers, viewing this subject from a point elevated above the fogs of empiricism, are prepared to make an intelligent survey of the elements around us. History gives us the source, and observation the nature of the "dead sea" of ignorance and prejudice upon whose bosom the empirical or the old school doctor glides, propelled by the unintelligent impulses of instinct, guided by the ignis fatuus of experience (whose beacon light is the fitful glare of the *will-o'-the-wisp*). Who has practiced homœopathy for a single month and not felt the force of popular ignorance and prejudice on this subject? And who has failed to notice the reluctance with which many seemingly intelligent patrons of homœopathy relinquish the idea of "moving the bowels," "working off disease," of "cleansing the stomach and bowels," of "purging away fever," etc? When we look back and realize how difficult it was for us to relinquish our prejudices, we may judge of its hold upon minds uneducated in medicine. We may feel inclined to exercise a spirit of tolerance towards the blind belief and prejudices of others, until by practical demonstration and reason we can open their eyes, convince their judgment, and show the errors of the time-honored yet ruinous vulgarities of the empirical school.

That the ignorance and prejudices of the people constitute the strongest barriers to the spread of homœopathy will not be doubted by you. These are the bulwarks high and broad, and dingy, disposed for defence around the antiquarian school, constituting the very gibraltar of empirical medicine. And what is the source of this popular ignorance and prejudice? Water cannot well exceed in point of elevation and purity the fountain from which it springs, and there can be no doubt with regard to the source of opinions upon the subject of "evacuants" as means of cure. The peo-

ple have received their notions from their physicians by precepts, sent home to their inmost sensibilities by forcible and daily examples in practice. They have been taught that without "physic" nothing could be right in soul, body or thought; that no disease could be treated successfully without evacuants, and that to remain well "*the bowels must be kept open.*" They are gravely told by their allopathic advisers that "*nearly all diseases originate in impurities of the blood and prima via.*" It would be a useless task to trace the successive links in the chain of vagaries from which the old school methods of practice originated. Sufficient has been said to indicate the origin of popular prejudice, and cause of the wide spread ignorance that faces us in our efforts at reform.

It concerns us most to know how to dispose of the elements around us in such a way as shall best subserve the interests of science and humanity, and we will consider very briefly the means at our disposal, by which to roll back the cloud of ignorance and tide of influence by which the empirical school is fortified in the confidence of the public, and expose those demagogues in the empire of medicine whose stated ignorance on this subject is scarcely less than that of the people. We find ourselves in possession of three efficient weapons by which to revolutionize the opinions of mankind. They are, 1st, practical demonstration; 2d, reason, and 3d, an unflinching adherence to our practical formula under all circumstances.

First. *Practical demonstration* gives the evidence of sense, and will be found the most conclusive proof with the uneducated masses who, witnessing repeated cures without the use of evacuants, will readily reject the disgusting and insulting routine of allopathy and adopt the milder and sure methods of homœopathy. The same class of evidence appeals with equal force to the judgment of the better educated, who are also more easily approached and convinced by

Second, *Reason.*—With many of the more thoughtful a single case of cure may suffice to arrest attention, and insure a judgment in favor of homœopathy. But with all, it will be found exceedingly difficult in any community to introduce homœopathy, and establish it on a firm basis without 3d, the most rigid adherence to the rules of homœopathy by the physician. Let him waver or relax his firmness, and where is the ground of confidence in his system?

It will suffice in many cases to allay the apprehension of the sick, and friends around them, to state with firmness and with an air of certitude that the condition of the emunctories is of no importance. Thus confi-

dence may be secured, and though the urine may be scant, perspiration suspended, and dejections by the bowels delayed for two or three weeks, as noticed in fevers, the patient and attendants remain content, to see at last the bowels move, perspiration come on, and urine increased as evidences of cure without detriment by delay, and to be fully convinced never after to doubt the correctness of your principles or rules of practice. Show solicitude, or cater to the prejudices of the sick by departing from your rules, and quite different will be the result. A loss of confidence in both you and your system will follow from a trifling or vascillating course of conduct. Some may be told that, all the circumstances in their cases conspire to one end, and that to keep the bowels quiet as well all other organs and parts of the body. No food or scarcely any is injested; this fact joined to rest, or general inactivity, demands rest for the intestines, to interrupt which, by forcible means, might and probably would jeopardise the fairest prospects of the patient. Should every argument fail to convince or secure confidence in your practice, better, far better that such should go back to the old practice. Let no homœopathic physician compromise his principles, or offer his standing as such, through hope of gain; for whoever makes the confidence of a family to-day by thus ignominiously bowing at the shrine of interest, will find many forsaking him to-morrow, and in the end an inglorious mediocrity will limit his reputation, and scanty means will justly reward his misguided efforts. Let him who would direct the floodwood know his footing upon the firm shore, for by floating with it upon the tide of popular ignorance and prejudice he must share its fate. That now and again a weak-minded man is met in our ranks is not surprising. That such are found mixing their practice, and find it convenient to cup, leech, administer "mild laxatives," mustard plasters and gentle injections, at the instance of their ignorant patients will not surprise us. Such will be found in every community. They have assumed their position as physicians of our school, and the odium of their imbecility must be shared for a time, in common, by us all. We must bear with them for a season, and allow them to amuse themselves and their patrons by playing with the "puter gun," alike the subject of our pity and contempt.

[VIII.]

REPORT OF S. M. CATE, M. D.,

ON SCARLET FEVER.

To the American Institute of Homœopathy:—Your committee to whom was referred "scarlet fever, its prophylaxis and its treatment," begs leave to report: that it is not within the design of the present paper to take a full or exhaustive survey of the subject. To do so would be beyond our ability. But taking such a view of the appointment as seems reasonable, and within the range of our powers and experience, it will be the aim of the present effort to describe that form of disease at present most commonly known as scarlet fever, which it has been our lot to meet within the last four or five years, together with the prophylaxis and treatment.

In doing so there will be some deviation from the letter of appointment, but a sufficient adherence to the spirit to gather the most suggestive fruits from the labors at command. The more proper designation of the subject of this paper, then, will be

SCARLATINA PURPURA.—In the time of Sydenham, scarlatina had lobster redness of the skin, with a clear shining blush, easily pressed white by a touch of the finger, and a general smoothness of the surface as in erysipelas; swelled face and especially about the eyes; rapid pulse; quick panting breathing; bright red inflammation of the throat; irritable restless mood. With such symptoms, the disease would run its course to recovery, or a greater degree of severity would steadily come from its progress, until it got to a fatal termination by regular steps; or else a peculiar malignancy would bring it to a sudden close; or again, some organic lesion would terminate in death a life that but just before promised to overmatch the disease.

To describe this form of disease does not seem to have been the purpose of the Institute. We are of opinion that the honorable body who demand this report are not abstract men, doing homage to dead or by-gone statements, but active men, interested in those realities of the present, with which we have to deal. Hence, to describe a disease that we consider very nearly obsolete, or one that in the cycle of human maladies has changed most of its characteristic features, would be an inexcusable waste of time and labor.

To consider the form of disease that is commonly known as scarlet fever, and which is supposed to be the disease which most physicians of all sects and methods of practice call scarlet fever, will lead us wide of the disease that was described as scarlet fever in the time of Sydenham, and which has prevailed from time to time since his day.

Some fourteen years ago, when a student of medicine in Ohio, we observed very many cases of scarlet fever of the Sydenhamic type, and they were all, without an exception, as far as our observation extended, cured with *aconite*, *belladonna*, and exceptional doses of *mercurius* for the angina. During the next five years, two of which were spent in practice in central Ohio, and three in New Hampshire, the cases that were met had the essentials of the Sydenhamic type, though in New Hampshire there was some degree of miliaria with the eruption. In all the cases met during this time, the termination was in recovery under the use of the remedies named. And further, *belladonna* 3d and 6th dilutions, a dose night and morning seemed a very nearly perfect prophylactic.

One epidemic in New Hampshire passed through the various stages successfully with the *aconite*, *belladonna* and *mercurius*, but a large portion of the cases had a secondary anasarca. The œdema would usually come on after the desquamation was nearly completed, from the sixth to the tenth day after the termination of the eruption; and in some cases the serum began to accumulate in the abdominal and thoracic cavities. The dropsical difficulties, that came into our hands, were all cured, during this epidemic, with *apocynum cann. tinct.*

During the last eight and a half years' residence in Maine, no cases of scarlatina of the true Sydenhamic type have been met with by us.

The disease that we have met that is known as scarlatina, has had many of the characteristics of what Hartmann describes as miliaria purpura. As we have seen it, there has usually been but few and faintly marked premonitory symptoms, though there is sometimes a general indisposition for a few days. Usually there has been a short period of languor followed by a chill, and the chill would be followed with hot skin; quick pulse; pain in the head and limbs; great restlessness and nervous irritation, often compelling to toss from side to side; sleeplessness or very light and unrefreshing sleep; urine usually scant and high colored from the first. In bad cases the throat is swollen and inflamed from the first; in some cases, after twenty-four hours of restlessness, a sleepy state, and then decided coma; great prostration and languor; pulse somewhat wiry and jerking, sometimes quick and weak. The rash is not uniform in its appearance, though it most often appears on the chest, back and face first, and

then extends over the whole body. Sometimes it appears on the limbs first and then on the trunk, chest and abdomen; sometimes it comes only in patches, lasts only for a few hours; but in such cases it is irregular and unreliable, going and coming, and without any definite course. In many cases there is no rash at all; and more, the rash does not seem to be a measure of the severity of the disease, the disease being very severe with no rash, and mild with a very full rash, though a sudden disappearance of the rash followed with aggravation of symptoms, marks a violent sinking of the vital powers.

There are usually very many points of papula, giving a rough feeling to the touch, and the miliary elevations are also often distinct to the eye. The efflorescence seems to irradiate from these elevations, and though the skin seems usually to be covered with it, there are some cases in which there are patches of natural skin, of small size, as though set down here and there in an otherwise continuous redness. The color of the eruption is usually nearly that of a ripe raspberry, and in very violent forms it is nearly of the color of a blood beet.

The miliary vesicles seem to cause itching even in mild cases, but in some the miliary vesicles enlarge so as to come to the size of a pin's head, and again as large as one or two wheat grains. When they attain such size, they seem to contain a watery matter the first day, and then yellowish or turbid serum the second and third days, which dries and disappears by the third or fourth day from the appearance of the vesicle. In these cases the itching has usually been intense, apparently very much in proportion to the number and size of the vesicles. In the most marked cases of these vesicular spots, the general appearance of them is most exactly imitated by the eruption produced by the application of *oleum tig.* to the skin, and our friend Dr. Payne, of Bath, informs us that he has used the *oleum tig.* in some cases with success.

The white spot following a moderate pressure of the finger, in many cases is wanting, or not more perceptible than in measles, and again some in the same house and at the same time would exhibit the disappearance of the efflorescence on pressure, as completely as in erysipelas. The full and ready disappearance and the entire want of it belong to the exceptional cases.

The duration of the disease is variable. In some cases the eruption makes its appearance in a few hours after the chill, and in others not till there has been a fever for several days. In well marked cases that progress favorably and without accident, it gradually increases to the third and fourth day, remains at its height for one or two days, and disappears

in one or two days more; making the whole time from the appearance to the fading, from seven to nine days. Then the desquamation commences. When the cuticle is removed the surface is red and sensitive; and in severe cases the successive layers of the cutis that scale or are picked off, keep the patient sensitive for a week or ten days longer. In more violent cases, the eruption lasts longer than we have named, and in very light cases there is no eruption to be found in two days. The light cases have no stage of desquamation.

After the patient has passed safely through so far, the sequel is often quite as painful as the primary disease. Dropsical difficulties are the most frequent expression of the organic changes. Inflammation of the kidneys is the most frequent cause of the dropsies and other organic disturbances, though other organs are often inflamed when the kidneys are natural. But though the inflammation of the kidneys often precedes and causes the dropsy, the inflammation may exist to considerable extent, in some conditions of the system, without causing dropsy. Thus, after a successful termination of scarlatina, and apparently favorable progress for one or two weeks, the patient will have a chill, some febrile symptoms, and then commence to pass bloody urine. The blood is sometimes in so small particles as to give the urine only a dark smoky color, but we are told by Dr. R. B. Todd that this smoky color is sometimes caused by very numerous small crystals of uric acid, though the smoky color most often indicates the presence of blood. With such color of urine there is usually a white waxy color of the skin; sometimes cerebral congestion; vomiting at times, and often loose discharges from the bowels. The disease is often cured at this point with proper medicine, thus preventing a further development. But if allowed to proceed, puffy swelling of the cutaneous cellular tissue is generally developed. With the first of the anasarca may come some œdema of the lungs; or the serum may accumulate in the pleural cavities, or pericardium; or again the ventricles of the brain may be the point where the most danger threatens.

It would seem that the kidneys are in much the same state when diseased after scarlatina, as in acute dropsy. Dr. Todd, before mentioned, says that * "the pathology of this form of (acute renal) dropsy is, then, in nearly all essential points, the same as that of dropsy after scarlet fever." Of the pathology of the kidney, in a case of acute dropsy, he says † "the kidneys were about one-fourth larger than natural, and on section presented the white cortical and red tubular portions of the scarlet fever

* Robert Beatty Todd on "Certain Diseases of the Urinary Organs and on Dropsies," p. 153.
† Do p. 151.

kidney." Urea was found in the blood taken from the heart, and in the serum effused into the pleura of the subjects of such kidneys. Of the pathology of scarlet fever dropsy, he says, * "the kidneys presented an analogous condition to that of the skin; as there has been a desquamative state of the one, so there probably is a similar condition of the other. When we examine the kidneys in these cases we find the whole organ enlarged and in a state of hyperæmia, so far as this great filling of the uriniferous tubes (with epithelium) will permit it to do so. Not only is there a larger amount of blood in the part, but also the blood is irregularly distributed in it." The accumulation of epithelium creates an unnatural distension of the tubes, and the circulation in the small vessels which ramify upon their walls (forming the portal vessels of the kidneys) becomes impeded. Thus the blood is not strongly attracted to the malpighian bodies, but it also finds its way out of them with difficulty; no wonder, then, that great congestion of these bodies should take place. From this overflowing of the malpighian capillaries there results an escape of serum with the uriniferous tubes, and from the rupture of many of their minute vessels, the red particles, in greater or less quantity, pass into the urine; but little urine is secreted, and this imperfect elimination of water is negatively a further cause of the accumulation of epithelial particles in the uriniferous tubes, inasmuch as less urine percolates the tubes to wash them out.

"The congestion of the malpighian bodies, when it exists to a certain amount, produces effusion of liquor sanguinis into the tubes; but when it occurs to a still greater degree, it leads to a rupture of the malpighian vessels, and the escape of all the constituents of the blood; in the former case the urine is merely albuminous, in the latter, in addition to the albumen, we find in it an abundance of the blood corpuscles, and fibrinous caste of the uriniferous tubes, from the fibrin having moulded itself to their walls in the process of coagulation.

"This is the state of the kidneys; and accompanying it we find almost always that peculiar and very characteristic smoky condition of the urine which I have already described."

To show the complete indentity between the pathology of the scarlet fever dropsy and the acute renal dropsy we make one more quotation. † "What conclusion may we come to, as to the pathology of acute dropsy? We know that the kidneys are in a state of congestion, which is obviously denoted by their appearance; the cortical substance is red and congested, the malpighian bodies being large and full. The redness of

* Loc. cit. pp. 122-23. †Do p. 152.

the cortical substance is in strong contrast with the whiteness of the tubular portion, which is caused by the abundance of the epithelium with which the tubes are filled. If examined with a microscope in an early stage we can see the epithelium quite filling the tubes. We thus obtain clear evidence of the irritated state of the kidney, and we also know from the previous history of the case that there has generally been such exposure to wet or cold as would be likely to arrest the action of the skin. Thus we have very much the same conditions induced as in dropsy after scarlet fever, viz: an irritated state of the kidney, and an abnormal state of skin." It will be a just conclusion from what we have presented from Dr. Todd, that in acute dropsy as well as in scarlatina there is an inflammation of the kidneys of such form as to cause a swelling of the whole kidney, but the swelling about the tubular portion encroaches on the infundibula, closes many or all of the uriniferous tubes, and thus stops the passage through them of the urinous salts.

When the urea and other effete matters are allowed to circulate with blood, they act as poisons. Most often this expends its force on the cutaneous cellular tissue. Sometimes the brain, sometimes the serous tissues are the field of its operation; and again it may show its desposit by inflammation of the muscular fibre, or the tissue of the joints, and then we have rheumatism more or less acute and extensive. In a whole family with scarlatina purpura, in whom there was but little eruption, four out of six had severe rheumatic difficulty, following close upon the scarlatina, and the urinary symptoms kept march with the advance and retreat of the disease. Further, when there is this swelled state of the kidneys, there seems to be a kind of desquamation of the lining membrane of the uriniferous tubes, that helps to block up the urinous discharge. When the usual escape of the effete serum from the blood is prevented, by the mechanical closure of those vessels, through which these matters are usually detruded in their expulsion from the blood, and the kidneys swollen and distended in other parts, the serum of the blood seems to be driven through the distended coats of the vessels giving albuminous or bloody serum instead of urine. In fatty degeneration of the malpighian bodies and destruction of the vessels and parts through which the urine is usually separated from the blood, the same overdistension of the vessels and forcing of the serum of the blood through their coats takes place, and hence there also the urine is albuminous. The great importance of these facts will be seen when it is considered that in many of the cases of the scarlatina that is met with at the present

time, derangement of the kidneys attends and follows the disease. Some degree of anasarca or inflammation of the muscular fibre has been found in almost all the cases of scarlatina or the sequel, we have met with for some years past. Sometimes the general puffiness of the surface follows hand in hand with the development of the disease. And this brings us to the consideration of the question, whether the severity of the disease is not many times just in proportion to the urinary complication. We will state the outlines of a case that recently fell under our notice. A child of Mr. J., six years old, was taken May 5th with chills followed by great heat, restlessness, languor, quick pulse, violent and rapidly developed inflammation of the throat, faint, deep colored rash over the whole body. The attack was in the morning. Soon after, the child had *aconite* 3d and *belladonna* 6th alternately once in two hours. We saw her at nine in the evening. There was great restlessness, tossing about; throat much swollen; pulse quick and wiry; sleeplessness, etc. The *aconite* and *belladonna* had had no effect so far, and *aconite* and *coffea* were given instead. The next day at noon we saw her again. All the symptoms were much worse. The tongue was dry and black; the teeth and lips covered with black crusts; the tonsils much swollen, and the whole throat covered with greyish white and black coatings; coldness of the extremities with bluish color; very great restlessness and tossing from side to side; breathing with the mouth open from the swelling of the tonsils; pulse so quick as to be counted with difficulty, weak and fluttering. The appearance of the eye and expression of the face did not indicate special inflammation of the brain, but the whole system seemed laboring under the influence of some force that was wholly irresistible. We gave *aconite* and *belladonna*, and ordered the surface to be rubbed with rum in which was a moderate portion of *capsicum*. At six, A. M., or thirty hours from the onset of the disease, the child was dead. This is the first case we have met of such malignity. Yet we ought to say that several years ago we consulted with Dr. W. F. Jackson, now of Roxbury, Mass., on the treatment of some cases of scarlatina purpura, where despite the best application of such remedies as we could select, some three out of six died in one family. The cases presented many of the symptoms we have given, but instead of some thirty hours, they were sick three, four, or five days before the disease terminated fatally. After the first fatal case, and the prospect of like results in the others, we put two or three of those who afterwards died in wet sheet packs, and followed them with some other hydropathic applications after the most approved plan, but without benefit.

Many will question, no doubt, that the fatal termination in such cases is from the inflammation of the kidneys and consequent retention of the urinary salts in the blood. That such is always the case in fatal scarlatina is not affirmed; but that this is not sufficiently attended to, in the pathology of these cases, is not doubted. To fortify this conclusion and throw further light on these cases, we quote a case from Dr. Todd. "The patient was a fine looking young man, aged 28, of regular habits, and who had never suffered from privations. Admitted into King's College Hospital October 12th, 1840.

"After exposure to cold three weeks before his admission, universal anasarca came on, beginning at the face and eyelids, and spreading quickly to the scrotum, limbs and trunk, accompanied with much pain in the back, and a marked diminution in the quantity of the urine, which never exceeded a pint and a half in twenty-four hours, and often fell much below that amount. The urine became nearly solid under heat and nitric acid; it had a smoky hue, and its specific gravity ranged between 1015, 1020. In addition to the external dropsy there was a small quantity of fluid in the peritoneal cavity.

"Blood was taken freely from the loins by cupping, and small doses of *tartar emetic* were given three or four times a day. Half a grain of the extract of *elaterium* was administered once daily. Although he was freely purged, no material improvement followed this treatment, excepting that the kidneys began to act more freely, and as much as four or five pints of urine were passed in a day.

"On the 22d he was bled from the arm to ten ounces, and on the 27th he was bled again to six ounces. On the 12th of November the dropsy remained much the same; there was extended dullness over the region of the heart, giving rise to the fear that some pericardial effusion had taken place. The *bi-tartrate of potass* was now exhibited, and he continued to pass four pints of urine per diem.

"At midnight on the 16th our poor patient (who was a fine able bodied young man) was seized with severe rigors and vomiting of bilious matter, accompanied with severe pain in the left side, opposite the seventh and eighth ribs. Between eight and nine o'clock the following morning (the 17th) the shivering recurred and lasted half an hour.

"He was now much troubled with diarrhœa. The breathing also became quick and difficult; a very tympanitic condition of the abdomen came on, but there was no pain on pressure of that region; pulse 130. Leeches were applied to the abdomen and *opiate enemata* given. On the 18th the abdomen was swollen and tender all over; the breathing

was hurried; the abdominal pain was increased by deep inspirations. The quantity of urine decreased considerably. On the 19th the diarrhœa was much less, but the abdomen had become much more painful; urine very scanty; much thirst. Twenty leeches were applied to the abdomen and opium was given freely. Hiccough came on and gave much distress. On the 22d the patient sunk rapidly but retained his consciousness to the last.

"On opening the body, the peritoneum was found everywhere covered with flakes of recent lymph; it was very abundant on the peritoneal surface of the bowels, and on the concave surface of the diaphragm. Recent lymph was found upon the pleura, but in less quantity than on the peritoneum; and serum was found in considerable quantity in both pleural sacks. There were some patches of recent lymph on the cardiac layer of the pericardium. The brain and its membranes were healthy. The kidneys were about one-fourth larger than natural, and on section *presented the white cortical and red tubular portions of the scarlet fever kidney. Urea was found in the blood taken from the heart and in the serum effused in the pleura.*" *

This was evidently a case of death from peritoneal and pleuritic inflammation, and this inflammation was induced by the disease of the kidneys, by which the urea was retained in the blood.

As illustrative of the now malignant forms of scarlatina we quote one case more: "George Dollin, aged 11, admitted November 4th, 1854. This boy had never anything wrong with him until the illness for which he was brought to the hospital, which began yesterday morning (Nov. 3d) at seven o'clock, when he was taken suddenly ill and called out to his mother, 'Mother I am so sick, I think I am dying.' She found the boy had vomited at least a pint and a half of yellow frothy fluid with red spots in it like blood. She gave him a dose of *tinct. jalap* at about eight o'clock, which operated about an hour and a half afterwards, and brought away a quantity of slimy fluid with a greenish yellow sediment.

"At seven o'clock in the evening he began to be feverish, hot and thirsty, and drank a pint of slops, and his feet and hands became extremely cold and purple. His mother then put him into a warm bath, and afterwards wrapped him up in a blanket, but he did not perspire at all. She sat up with him all night, and he was delirious all the time, talking, dreaming and singing. At seven o'clock this morning (Nov. 4) he had another attack of vomiting, but did not vomit as much as yesterday; he

* Loc. cit. p. 150. The italics are our own.

was also purged, a greenish yellow biliary looking fluid coming away, but no blood.

"When he was brought in on the morning of November 4th, he appeared quite comatose, and could not be roused; he vomited a small quantity of biliary looking fluid. The pulse at the wrist is so weak that it can scarcely be felt; the heart beats about 184 in a minute; he breathes with difficulty, and with irregularity, if you disturb him; feet and hands purple and very cold; face dusky and lips purple; the tonsils are large and fauces red; there is some *rhonchus* in every part of the chest; he has a red blush all over him.

"The pupils are contracted. Notwithstanding the free application of stimulants, external and internal, he died in the afternoon.

"On inspection of the body the following points were noted: brain congested; gray matter very dark, looking like the brain of a person poisoned with opium.

"Kidneys had all the appearance of a scarlet fever kidney, the peculiar whiteness of the cortical substance, and the red congested state of the medullary portion being well marked. Spleen large. Peyers patches in the intestines very large and distinct. Urine contained much bile.

"It seems to me that no doubt can be entertained that this lad had died under the overwhelming influence of a large dose of scarlet fever poison, and one is forcibly reminded in this case of the prostration so often caused by the choleraic poison!" *

In this last case there is no mention of the urea in the blood, though from the condition of the kidneys, and their consequent inability to separate these matters from it, there is but little room to doubt that the condition of the blood had much to do with the peculiar inflammation of the brain, intestines and spleen, that caused the child's death.

Says Dr. Druit, after indicating the causes of the loss of action in the kidneys: "The consequence of this is, that the urea and other elements of the urine accumulate in the blood; the patient complains of great uneasiness in the head and loins; he becomes first drowsy, and then comatose, and dies in four or five days of effusion into the brain." †

These few bold outlines give but too fearful a picture of the symptoms of scarlet fever in its malignant and violent forms. We come to the conclusion then, that in scarlatina inflammation of the kidneys, and the consequences resulting from the urea and other poisonous matters retained in the blood, is of the first importance. When this condition of the kidneys is induced in the early stages of the disease, we have a malignancy

*Loc. cit. p. 136. † Druit's Surgery, p. 475.

of type and rapidity of fatal termination that is truly appalling. Fortunately for us, we do not often meet this form.

But when we consider that the sequelæ of scarlatina are now dreaded by physicians of all methods of practice, in all cases that are not of the most malignant type, quite as much as the primary disease, it proves that the form that now presents for our treatment is almost always complicated with this inflammatory condition of the kidney, and that we have not discharged well the duties of our office as physicians, until this condition is met by the remedies which we administer. To treat our patients till the rash begins to fade, and then discharge them without due inquiry into the condition of the kidneys as indicated by their action in the secretion of the urine, is not acting with a good understanding *of the important symptoms of the disease.* As long as the urine is albuminous, there is an inflamed condition of the kidney, by which its secreting power is for a time more or less suspended; and as long as this condition continues, there is more or less danger to our patient that should receive our careful attention.

We present these points in the pathology of scarlatina purpura, with such length and careful weight of evidence, that, if possible we may find some solid ground from which we may safely approach and successfully deal with the difficult questions involved. If we can successfully determine which is the keystone of the disease, we may be able to bring such force to bear upon it as to tell well in razing the whole structure to the ground. That we have been exhaustive in the matter, we do not claim. There is yet other ground that we have not now travelled, and which neither time nor space will allow us now to work. This other includes all those organic lesions that may come up in the course of scarlatina, complicating its course and endangering the life of the patient. As the scarlatina may, from some peculiar organic susceptibility, attack the brain, heart, lungs, liver, serous membranes, stomach, or any other organ or part, and such organic disturbance become the principle difficulty that we shall need to combat, the condition of the urine will measure to a great extent the condition of the kidneys, and help to settle in our minds how far they are responsible for the other organic changes. We confess we have not been accustomed to test the urine for albumen in these cases, for the full force of the importance of this point has never been duly presented to our minds, till the investigations connected with the preparation of this essay have forced them upon us. Our reliance has been on the inspection of the urine, comparison of color, quantity, etc., and the symptoms as gathered from the general condition of the patient. Where the

white waxy color of the skin follows the scarlatina we are always on the watch for the dropsy, and commence at once a preventive treatment. We often find the urine, under such circumstances, bloody or dark and smoky, and that in such cases to our mind (when there is no evidence of difficulty in the bladder) is sufficient proof of inflammation of the kidneys. Taking such view of the pathology of the disease, and referring to the very full treatises by the dermatologists for the pathology of the cutaneous expressions of the disease, and referring to the very able essay by Dr. G. W. Cook on its external symptomatology, together with a valuable symptomatological indication of the remedies to be used, we hurry on to the conclusion of the duty assigned us.

The milder forms of scarlatina as we have seen it for a few years past, have been treated successfully with *aconite*, *coffea*, *belladonna*, *arsenic* and *mercurius* in the first stages, and *apocynum*, *cantharis*, *helleborus niger*, *bryonia*, *mercurius*, *calcarea carb.*, *sulphur* and *terebinthina* in the second stage.

Aconite and *coffea*, alternately, when there was sleeplessness; tossing and moaning; quick sharp pulse; raspberry red rash, with rough feeling to the touch; color only partially removed by pressure; moderate angina; urine high colored and scanty. If there is much of the apthous inflammation of the throat *mercurius* is sometimes of service. But more often on the third and fourth days there is a considerable feeling of prostration, with a puffiness of the skin, in which are found the indentations of the linen folds covering the parts on which one has lain, and other conditions of *anasarca* where we have found *arsenicum* and *coffea* to answer.

Belladonna has served us well when the color of the rash was of a bright lobster red, with a smoothness as in erysipelas, and a ready disappearance of the color on slight pressure with the finger. In some cases *belladonna* had good effect when there was considerable miliaria in patches, or even vesicles as large as wheat grains, but the color, smoothness, and effect from pressure that we have named were present also. In many cases of the sequel, where the muscular fibre seemed most affected, in the form of a general rheumatism, with very scant and light colored urine, *belladonna* has been the principal remedy. Where the urine was bloody; white waxy color of the skin; vomiting in the afternoon, etc., *cantharis* and *belladonna* were the remedies.

For a number of cases of great severity, with a rash of a mahogany color, or as dark as a blood beet; very numerous papula; puffed, swelled state of the skin of the whole body; great restlessness; constant coma; throat deep red and much swollen, we have given *bombus terr.* 3, (poi-

son from the sting of the bumble-bee) and *aconite*, or *bombus* and *belladonna* with success. In these cases there was no sequel. It is proper to state that when in addition, there was coldness of the extremities with purple color of the nails of the toes and fingers, we have ordered the surface of the limbs and trunk rubbed with the hand often dipped in rum in which was a small quantity of *tincture capsicum*. Though in the last case of this violent type, that we treated and used *aconite* and *coffea*, and *aconite* and *belladonna* as remedies internally, and the rum and *capsicum* externally, the termination was in death. In the more malignant form, *belladonna* is useless. If called upon again to grapple with it we should use *camphor tincture* in repeated doses, in the early stages, as long as we could get good results, and then rely on the *bombus* or *apis mellifica*.

Still in many cases, where the indications are as we have named for *belladonna*, it acts well. It removes congestion and some forms of inflammation of the brain, and where there is only a moderate inflammation of the kidneys, may cure the whole difficulty. But where the inflammation of the kidneys is violent and the blood much poisoned with the retained urea, it does nothing towards curing the organic changes caused by such a state of the blood. The same may be said of every other remedy. Then the cure can only come from the action of a medicine that shall first unlock the kidneys.

We give a case that may be of interest: Child of C. H. S., aged 4 years, was taken June 28th with scarlatina. The rash appeared first on the stomach and back, then on the face and limbs. The eruption at first seemed very moderate, and the constitutional symptoms so mild that the parents thought it would not be necessary to call a physician. The symptoms continued mild till the afternoon of the 30th, when some assistance was sought; but the disease gained with such rapid strides, that the then attendant advised further assistance, and we first saw the patient May 31st, at ten A. M. Then the hands and feet were cold, the eruption of a dark mahogany color, with numerous miliary vesicles, giving a rough feeling to the touch, but the color disappeared with considerable readiness on pressure; some puffiness of the whole surface of the body; the eruption only extended down to the knees, and there was a strip a couple of inches wide around the neck on which there was no eruption; on the rest of the body it was most abundant. Since the night before there had been a comatose state with tossing and moaning, though considerable effort would rouse him for a few minutes to a conscious state, but he would at once sink into the coma again. The inflammation of the throat rendered swal-

lowing somewhat difficult; the urine was light colored, abundant, with very little urinous smell on boiling, and no coagulation from the heat, and had to be passed quite frequently; pulse about 120 per minute, of fair force. The whole symptoms presented a picture of a malignant case of scarlatina, and we had but very little hope of its recovery, and so informed the parents.

Gave *camph. tinct.* 2 drops in a tumblerful of water, 2 teaspoonfuls once in a half hour for three hours, then *belladonna* 6, and *bombus terr.* 3, once in two hours.

June 1st, eight A. M. After taking the *camphor* the coma abated, the water was passed less frequently and a little more color, though the quantity was still large; when aroused would remain awake a short time, and when asleep less tossing; extremities warm; eruption appearing on the feet and legs where it was wanting, and also on the neck; pulse slower and more full, about 100 per minute. Gave *belladonna* and *bombus* alternately once in two hours.

2d. Still improving; the eruption has come out fully on the feet and legs to the knees, and also around the neck where it was wanting; sleeps naturally for an hour or two, and has intervals of wakefulness, when he notices and talks connectedly; water more natural, no coagulation from heat; gave *belladonna* and *bombus* as before.

3d. Slow but steady improvement. There is considerable puffy swelling of the legs and arms, and some appearance of œdema of the skin. Same medicine continued.

Suffice it to say that he took the above remedies once in two hours till June 4th, when he took them once in three hours, and June 5th he was dismissed with directions to continue the same remedies for several days longer. The remedies were continued and the recovery was perfect and without any secondary difficulties.

If time and space permitted we would give the outlines of some cases of secondary diseases sequel to scarlatina. It must suffice to say that where there was a white waxy color of the skin with bloody urine, afternoon feverishness, occasional attacks of headache with vomiting, usually in the afternoon, the pain in the head apparently sympathetic with disturbance in the stomach, *belladonna* and *cantharis* were the remedies. In one case when there was violent vomiting, apparently caused by the state of the brain; violent pain in the head; delirium; rolling of the head from side to side, sleeping with the eyes half open; cold extremities; general but moderate œdema; urine bloody and to the amount of thirty ounces in twenty-four hours, *helleborus nig. tinct.*, and *apocynum tinct.*, in

solution once in two hours, two teaspoonfuls at a dose, cured the whole difficulty within a week.

There is little doubt but that there is so marked and radical a change in the disease known as scarlatina since the time of Hahnemann that *belladonna* is little indicated in its treatment, to what one would suppose from a perusal of the homœopathic literature. Whole epidemics occur where it is of little service. *Bryonia* is more often indicated in many epidemics. And at the time scarlatina is prevailing, cases of erysipelas will be met in adults, where the swelling lacks the smooth shining surface that characterizes some epidemics of erysipelas in which *belladonna* is the principal remedy, but instead, there will be a puffiness of the skin and swelling such as is produced by the sting of a bee; the color of the skin, though bright red in places, has parts where the swelling is considerable, having a pale or waxy color, and is more nearly œdematous than in the *belladonna* erysipelas. With this form there may be many vesicles and bullæ, but *apis mellifica* and *cantharis* are the remedies instead of *aconite* and *belladonna*.

We have met such cases within a few months, in adults, occurring in the same families, and at the same time with the scarlatina, where we thought it due to the same influence that produced the scarlatina in others, but where the *belladonna* was of no use, yet *apis mellifica* and *aconite*, or *apis mellifica* and *cantharis* cured the difficulties.

Of the prophylactic power of *belladonna* in the scarlatina of to-day, there is very wide room to doubt. *Aconite* and *coffea* are preferable. But, on theoretic grounds we should recommend the use of *bombus* or *apis mellifica*. They correspond to the whole picture of the disease much better than *belladonna*, especially as they are of so much importance in the inflammation of the kidneys characteristic of the disease, and the dropsy resulting therefrom.

From our moderate clinical experience with *bombus* we are inclined to give it the preference in the treatment of scarlatina, though our friend Dr. E. U. Jones, of Taunton, Mass., informs us that he has succeeded with *apis mellifica* in a number of cases. The indications for its use that he gives, are: "After *aconite* or *belladonna*, or in alternation with one of these, or alone when there was full and bounding pulse; mouth and tongue very dry; a general redness of the fauces and throat, with stinging burning pain, and diffused pain on swallowing; tonsils not much swollen; much restlessness, with sore, bruised feeling of the body; great external heat; tenderness and some swelling of the abdomen, and urine becoming scanty soon after the accession of fever."

For the dropsy after scarlet fever we have generally succeeded with *apocynum cann. tinct.*, six drops in one-half a tumbler of cold water, a tablespoonful once in two hours. In more mild cases, *bryonia*, *mercurius* or *arsenicum* have been sufficient. With hydrocephalus, *helleborus niger* and *bryonia*.

The reasons for many of the conclusions we have here given are not stated. The length our report has already attained, and the lack of time at our command, prevent a further consideration of the subject. If our brethren will forgive the apparent dogmatism of some parts, and correct its defects by the citations of their ample experience, the world will be their debtors.

[IX.]

EFFECT OF IMPURITIES IN AN ATTENUATING LIQUID.

Read before the American Institute of Homœopathy, June 3d, 1858.

BY B. F. JOSLIN, M. D.,

According to an opinion extensively entertained, the medicinal impurities of the alcohol in which homœopathic medicines are attenuated, must be more powerful than the medicines themselves, in all but the very low dilutions. Even by men called homœopathic, the attenuations have been condemned on the ground that the inevitable impurities of alcohol employed in diluting, and the debritus of mortars employed in triturating, are themselves attenuated simultaneously with the medicine, and that if the latter is potentized so is the former.

One answer to this is authorized by *experience*. If with the usual precautions used in homœopathic pharmacies, the action of the medicines were greatly changed by impurities in the alcohol, in that case, the variations in the quality and quantity of the impurities, in different specimens of the same medicine, must produce frequent and marked differences in its effects, both pathogenetic and therapeutic. As we never find such differences in a drug originally pure, and potentized with the usual precautions, I infer that the inevitable impurities in alcohol have little effect compared with the medicine proper.

medicine and the impurity, and the existence of the latter can never be alleged as an argument against attenuations.

The supposed danger is from the impurity of the *attenuating* liquid. In relation to this, there are several cases; one in which its alcohol is of the same kind as that of the mother tincture; another in which it is different. Before considering either, let us ask a question or two, the answer to which will involve a principle of great importance in this investigation.

If the fifth and sixth, or any two consecutive dilutions be mixed, does each retain its previous condition, and would a physician, in administering such a mixture, use two dilutions simultaneously? I say no. What then is the character of the mixture? The two dilutions would form one and the same dilution, but little different from the lowest of the two. The solid molecules in the lower and those in the higher, must be disposed together in a new arrangement, of equal solids surrounded by equal quantities of alcohol, and consequently situated at equal distances; in no other way can cohesion and affinity be in equilibrium. The smaller solids must unite, as magnets and infinitesimal crystals would, if freely suspended in proximity, and the larger ones become slightly reduced.

We now proceed to the first of the cases of potentization, viz: *that in which the alcohol of the primitive tincture is of the same kind as the diluting medium.* Whatever impurity is in one, is in the other, and in equal molecules, all surrounded by equal quantities of liquid. Their equilibrium is therefore not disturbed by their intermixture; there is not, as in the case above given, any necessity of reduction of size, on account of the addition of fluid less highly charged with this material, and thus affording them additional disentegrating force to draw asunder their particles. By increasing the quantity of the alcohol by adding a drop of the medicated alcohol, the alcohol and the impurity are increased in the same ratio; hence the impurity can undergo no dilution, no attenuation, and consequently *no potentization.* The molecules of medicine being of a different nature from those of the impurity, they could have but an infinitesimal effect, if any, on the size of the latter, even in the first dilution; and this effect, if it exists there, would soon become infinitesimal, on the principles explained in the next case, to which we now proceed.

The next case is that in which *the primitive or mother tincture is pure, and is potentized by impure alcohol.*

If the menstruum employed in effecting the dilution contain any impurity, that is, any substance different in nature from the medicine, and if that impurity be incapable of chemically combining with the medicine at the temperature of the liquid, then these heterogeneous substances will

have their separate solids coexisting in the liquid, the particles of each uniting among themselves by cohesion, and forming equal masses, which may be extremely different in magnitude from the masses formed by the other substance.

Suppose we are to make the first centesimal dilution of a mother tincture, prepared with pure alcohol. To take the simplest case, suppose one drop of the tincture to be mixed and shaken with ninety-nine drops of the impure alcohol. The molecules of the drug have been minutely divided, because diffused through about a hundred times their previous quantity of liquid; the molecules of the impurity have been but slightly divided because diffused in a liquid only one hundredth part greater than before. If one drop of this first dilution be treated in a similar way, with ninety-nine of the impure alcohol, then the diluted drug will be diluted a hundred-fold more, and rendered ten thousand times as dilute as in the first dilution, and its molecules will be reduced in size in the same ratio as by the first operation and will acquire a corresponding increase of potency. The effect on the impurity will be of an *opposite* nature. For the molecules of the slightly diluted impurity will increase in magnitude, by effecting partial re-unions among themselves, in consequence of their being restored to the original impure alcohol, which already holds similar but somewhat larger molecules, suspended as near each other as the affinity between them and the liquid, and the cohesion of their own parts, would allow. The effect is, that the impurity is *condensed* by the *second* operation as compared with the state in which it existed after the *first*, and this condensation involves an enlargement of the molecules. The result of this increase of magnitude, can be best expressed by coining a new term expressive of the new idea; it is *depotentization*. The impurity is slightly potentized in forming the first dilution, and partially and principally deprived of this increase of power, i. e. *depotentized* in forming the second dilution. The re-union is not necessarily as simple as the above brief statement might seem to imply; for probably the suspended masses have not diminished in such a degree as to allow of their union in pairs, in forming the second dilution; but they can abstract from each other any portions required by the law of equilibrium, in their new situation.

By the application of similar principles, we shall find that in forming higher dilutions, the medicine will be progressively attenuated and consequently potentized, whilst after the first dilution, the impurity is, with an equally rapid progression, being restored towards its original relatively dense and inactive condition, i. e., *depotentized*. In the thirtieth dilution, for example, in the same sense in which the attenuation and potentization

of the medicine may be called infinite, that of the impurity is infinitesimal.

The degree in which the dilution of the medicine and impurity at any stage have been effected, may be shown more simply by supposing the whole liquid preserved. * One drop being mixed with ninety-nine, the dilution of the drug will be expressed by 100, that of the impurity by 1-100. If the hundred drops of the 1st dilution thus prepared, be mixed with 9900 of the same kind of impure alcohol, then the medicine will be 10,000 times as dilute as in the mother tincture; but as the ten thousand drops contain only one drop of the pure alcohol which originally held the medicine, 1-10000 expresses the degree in which the impurity is diluted by the two operations. By continuing this process, I arrive at the following general formula: The *degree of attenuation of the impurity*, will always be expressed by a vulgar fraction whose numerator is unity, and its denominator equal to the whole number which expresses the degree of attenuation of the medicine. Or to express it more briefly; *The dilution of the impurity is the reciprocal of that of the medicine.* Hence when the dilution of the medicine may be called infinite, that of the impurity is in the same sense *infinitesimal.*

Another case, is that in which the impurity of the attenuating alcohol differs in nature from that of the mother tincture. The former can expand in some degree into the one drop of tincture added, and be slightly attenuated in forming the first dilution. The case is analogous to the preceding, in which the potentization of the impurity of the alcohol rapidly approaches the infinitesimal, and the higher the dilutions the freer from any potentized impurity.

If in any of the cases, the impurity of either of the tinctures is heterogeneous, so that different particles in the same liquid unite in different molecules, the same principles are applicable and the same results attainable.

But not to be tedious, I will confine myself to a very brief *recapitulation* of results in all the cases of simple impurities, including that in the mother tincture, as well as that in the attenuating alcohol. Designate the impurity in the mother tincture by the letter A, that in the attenuating alcohol by B. Then

First. If A and B are unlike and finite, *i. e.*, not zero, A will be potentized, and the medicine in respect to it will, in all stages, remain as pure as the mother tincture: B will be slightly potentized at first, but rapidly become less so, the higher the dilution; and its potentization will

* This is not to a great extent practicable; but the ratio is the same.

vanish, and the whole result in the higher attenuations become as free from potentized impurity as the mother tincture.

Second. If A is zero, *i. e.*, if the tincture is pure, the potentization of B will be slight at first, but ultimately vanish, and the higher dilution be as pure as in the preceding case.

Third. If B is zero, *i. e.*, the potentizing alcohol pure, then all the attenuations are as pure as the mother tincture.

Fourth. If A and B are identical in nature, and finite, *i. e.*, if the alcohol is all of the same impure kind, then the potentization of both A and B will diminish, and ultimately vanish, and the high dilutions be divested of potentized impurity.

Hence our medicines, as usually prepared, have great *practical* purity. The practical purity of attenuations, especially those somewhat elevated, I consider one cause of their great activity.

Another, in my opinion, is the impossibility of their becoming *depotentized in the blood*, as they cannot meet with any elements of the same kind, sufficiently near their own attenuation to allow of mutual union. When I have seen crystalization take place under the microscope, it was not a gradual growth of larger crystals by the accretion of those invisible; but first the mutual union of those invisible; then the union of visible masses; and afterwards the union of a body formed by these to a mass larger than either. Hence though hydro-chlorate, or more properly muriate of soda, exists in the blood, this article, when given in a highly attenuated state, produces unequivocal and decided action.

This influence of dissimilarity of magnitude, also explains why highly attenuated medicines act, notwithstanding they often meet, in the stomach and blood vessels, substances by which they would be *chemically neutralized*, if presented to them in a grosser form. The same principle indicates that, though in the preparation of medicines, chemically incompatible substances should as far as possible be excluded, in forming the lower dilutions, the higher possess an immunity against any such influence, directly exerted upon them by the attenuating liquid.

Principles similar to those employed in this paper in relation to dilutions, apply to impurities which may exist in the saccharum lactis with which drugs are *triturated*, and to those resulting from the abrasion of mortars. They are not sensibly potentized, because new portions of the same material are added at each operation; and if any parts are at first reduced, they subsequently re-unite.

Here I intend to stop; as my theory of trituration is extremely similar to my theory of solution which has not yet been controverted. But

I find in the British Journal of Homœopathy an article on "Infinitesimals," by Dr. Madden, in which he argues against their use, and makes an objection to one part of my theory of trituration.* Speaking of commutation by trituration, he remarks: "No writer that I have met with, has given this process so careful a consideration as Dr. Joslin, in his excellent Lectures on the Principles of Homœopathy; he distinctly shows and at great length, that by triturating with any inert substance, you can effect a reduction in the particles of the triturated substance to an extent which is absolutely unattainable by other means"—and that "there can be no question that the first trituration, viz: on the occasion when the pure flint-powder is mixed and rubbed up with ninety-nine times its weight of sugar of milk, will reduce the silica to a degree of minuteness which could not otherwise have been attained," but "at the commencement of the second trituration"....."every particle of flint is now surrounded by ninety-nine times its weight of sugar of milk, which has itself attained to the greatest degree of subdivision capable of being produced by rubbing *per se*." Dr. M. argues as follows: "If, therefore, another quantity of sugar of milk is added, equivalent to ninety-nine times the weight of the first trituration, it follows that the force of trituration must be diffused over the whole of the particles of the first trituration, and hence 1-99 part only will be applied to the silica, and accordingly the probability of a further reduction of size is very much less in the second than in the first trituration, which improbability will greatly increase with each repetition of the process." This is his whole objection; and it appears to me to arise from a mistake as to the mode in which the comminution is effected; which is not by the pestle being *directly* applied to the silica which is to be further subdivided, nor by the newly added powder being *directly* applied to it, but by the pressure of the *first* sugar of milk, with which the silica is surrounded and intimately blended, and from which it receives the force which this first sugar of milk has had transmitted to it from the pestle through the sugar of milk added at the commencement of the second operation. If the presence of an intermediate substance interfered with the efficacy of the blows, it would have prevented the excellent results conceded to the first trituration. The *one* grain of the first trituration, which I had represented to be employed in forming the second, is not farther removed from the action of the ninety-nine grains of added sugar, than the grain of crude silica, in forming the first trituration, was from that of the

* Vol. XI. pp. 9–10, referring to Joslin's "Principles of Homœopathy," pp. 42–3, British edition, corresponding to p. 46, American edition.

pestle; and every portion of that grain taken from the first trituration, contains a molecule of silica; the silica, after an hour's operation, is not enveloped in the centre of this grain of sugar, but distributed through it, so that any portion of the ninety-nine added grains which comes in contact with any part of the first trituration, is only a microscopic distance from the silica. The same principles apply to other stages of the process. Indeed, as the smaller the molecules, the slighter the jar required for their disintegration, I am inclined to think the blows more efficacious in the higher trituration. Perhaps Dr. Madden was somewhat influenced in regard to the result, by supposing the whole of the first product employed in forming the second. This would multiply the labor and time requisite for the uniform diffusion; for the material would be increased a hundred fold; in other respects the principles are the same.

I trust that our British colleague, who has treated so courteously a portion of my labors, will find his objection to this part unfounded. Neither he nor any other person has complained of a similar or any other difficulty in my theory of *dilution*. This, so far as high potencies are concerned, is the only one which is of practical importance; for the labor of triturating is such, that it will rarely be continued beyond the third attenuation, at which all our medicines become soluble. The fact that these, however hard and insoluble in their coarse state, become, when minutely divided and suspended in water or alcohol, divisible to a certain extent, by its affinity, and farther disintegrated by increasing the liquid, tends to aid a conception of the condition in which I have represented all substances, as existing in solution, and to verify the remark in regard to the facility of disintegration in small molecules. Indeed they would be instantly divided into their primitive atoms, did not the limitation of the liquid limit their division and compel their re-union. My view of limitation and re-union, Dr. Madden represents me as having demonstrated, at least as to the first trituration, and happily illustrates it by the manufacture of terra cotta, and he and others who complain of irritating effects from high dilutions on some patients, must admit that insoluble medicines become soluble in the trituration from which those dilutions are prepared, otherwise their doses of supposed high dilution would contain no medicine at all, still less any of an irritating character.

[X.]

THE ENDEMICS OF ILLINOIS AND THE NORTH-WEST.

A PAPER BY R. LUDLAM, M. D.

Mr. President and Gentlemen:—Agreeably to the resolution of this Institute, adopted June 12th, 1851, the undersigned would respectfully offer a few thoughts upon the endemics of Illinois and the North West.

Perhaps there is no point in our "common country," in relation to which the study of the history of disease is fraught with more of novelty, interest, and instruction, than the region known as the valley of the Mississippi. But a few years since, wild and uncultivated, peopled only by the rude and savage denizens of forest and prairie, the representative member of our profession recognized it as the field of diseases equally remote from his more civilized appliances, as of those means of intercommunication which have since broken down the wall of partition between it and the East, and opened up an agency to the modification not only of his fellow's surroundings, but likewise of his individual sufferings.

If we revert to the period prior to the dawn of homœopathy in the city of Chicago and vicinity in 1843, we may pick up much that is interesting as an index to the state of medical science, and the history of disease hereabout. We hope the day is not far distant when some one will take up this theme and pursue it fully in the detail of whatever pertains to the amplitude of our knowledge and the success of our professional ministrations.

The close of the year '43 found but *four* homœopathic physicians in the State of Illinois. These pioneers still survive. They have been eye witnesses to a complete metamorphosis in whatever relates to the general interests of society and civilization,—its first foundation, and whole subsequent development. They have remarked the growth of the *exotic* in the soil where their own missionary hands first planted it. From the date of this meeting only *fifteen* short years into the past, it is believed that, *except Chicago, no considerable town west of Buffalo contained a single homœopathic physician.* At the present writing there are no less than *one hundred and fifty* in the State of Illinois

alone. And Iowa, Wisconsin, Missouri, Minnesota, Nebraska, Kansas and California, are they not multiplying our forces exceedingly?

Granted the *convertibility* of disease, the question very naturally arises, "What has homœopathy accomplished, in this particular, in all this wide field of observation?" We talk of the influence of advancing civilization; write and read much of the modifying circumstances due to cultivation of the soil; the drainage of marshes; of a thousand-and-one innovations upon the customs and habits of semi-savages;—whereby the endemics of a wild and barbarous country are assimilated to those of christendom proper; but who of us has ever set himself to estimate the influence of the homœopathic fraternity toward the same end?

Take Illinois, for example. We have seen that so late as in '43 but *four* homœopaths stood up to represent the system. One of that number cites his first case in practice to have been a chronic fever and ague,—a safe criterion, no doubt, of what followed in their united experience. The accredited endemics of the whole regions were intermittents and remittents. Other ailments occurred, or were met with, but these were the essential disorders of the day. Here, then, was a most ample field for the study of these protean diseases, in all their types and phases, and under every conceivable species of complication from the inordinate use of drugs.

If, therefore, after the lapse of a few years, we find them to have changed materially—being modified in certain localities, and superseded in others, should we not search out the wherefore of all this, and ascertain, if we may, just how much our own branch of the medical profession has contributed towards it? If the influence of a single railroad, running through a tract of country hitherto undeveloped, can scarce be computed, what shall we say of the labors of one hundred and fifty men bent upon scattering blessings in all their train?

From the best information which the undersigned has been able to gather, the following deductions appear substantially true.

1. As elsewhere, the endemics of this State and section have participated in those changes which come with, and follow, an advanced civilization. Hence in lieu of genuine miasmatic intermittents and bilious remittents, *et id omne genus*, we are now more frequently called to treat such as bear the marks of some primary invasion of the *nervous* system. It is true the old endemics still attach to certain localities and seasons; but that they do not prevail as heretofore, we learn from the subjoined testimony of a few competent witnesses.

Dr. James Melrose, of Canton, Ill., writes us: "Intermittents are

less frequent now than two or three years ago, and they yield more readily to the ordinary attenuations, except those of long standing, which with me yield more readily and completely to the high attenuations, especially to the 800th of *arsenicum* and *sulphur*."

In answer to the question, "Do nervous disorders of one kind and another begin to predominate over our old fashioned endemics aforenamed? He says, "they do, and I have met with more cases of neuralgia recently than formerly. Our fevers now also more readily assume the typhoid type. And the languid and ennervated state of many patients indicates more distinctly what may be termed 'nervous debility.' In our immediate neighborhood, prosopalgia, glandular swellings about the face and neck, and bronchial affections have very much prevailed during this last winter and spring, and I find them more obstinate than formerly, and requiring more attention to the nervous irritability attending them."

Dr. R. E. W. Adams, of Springfield, affirms: "for the last three years we have had almost no intermittents, and what few we have had are comparatively easily cured. I do most decidedly consider them a neurosis. And my decided opinion is that neuralgic affections prevail more generally, and invade the range of the organism more thoroughly and constantly, than when we had the real, outspoken, fully developed intermittent."

Dr. G. Y. Shirley, of Jacksonville, under date of April 26th, 1858, remarks: "I have resided in this locality *twenty-four* years, during which time remittents and intermittents have prevailed to a very considerable extent through all the seasons, varying only with what is called the sickly or healthy season. But during the last two or three years there has been comparatively very little of either. You enquire why it is so? I believe the chief cause has been the state of the weather, observations in which I have not been careful to make. *Second*, medical reform, which has advanced of late years with greater rapidity than formerly (the great hygienic agent), and especially the decrease in the use of *quinine* as a therapeutic and prophylactic agent. The habits of the people being less exposed, drinking purer water, etc. *Thirdly*, there is much less malarial influence, because of the rapidly improved state of the country. There is no one of the endemic diseases which has attracted more attention than intermittent fever, in its pathology and treatment. The ingenious conjectures and hypothetical speculations of all who have written on the subject, together, have taught me but little. I am however, inclined to believe that an intermittent is one of the neuroses. I cannot enlarge to give my

reasons. The pathology of many diseases, and their true classification, will no doubt forever be beyond the ken of man, while they are intimately connected with, or dependent upon, the imponderable agents.

"But our pathogeneses will lead to the true remedy. This you know makes ours superior to all other modes of medical practice. The 'mystery of Godliness,' Paul says, 'is great' (and will doubtless forever remain so); but 'the way of salvation so plain that fools may not err therein.' We find such fevers more easily cured than formerly; the reasons of which is obvious to all. We rely chiefly upon *arsenicum, nux vomica, nitric acid*, etc., together with intercurrent remedies as demanded.

"We find nervous diseases on the increase, and they seem to follow fevers and local inflammations more than formerly. I believe the cause of all this has been *allopathy*, or the excessive use of poisonous drugs, more than all other causes combined."

Prof. A. R. Bartlett, M. D., of Aurora, writes us: "You inquire if I have observed any changes in the old fashioned fevers, endemic to this locality within two or three years; and if there has been any increase of nervous diseases? I think I have observed a gradual change in the fevers, and perhaps somewhat towards the nervous dynasty. I have for two years past seen but few cases of what used to be called 'shaking ague.' The fevers are much more allied to the typhoid character than formerly, and to my mind betray much more derangement of the *nutritive* functions. I also have thought that I meet a growing increase of severe and obdurate neuralgias, and especially prosopalgias. But yet, judging from what I hear from other localities, my experience has not marked so great a change as in other places. My limited observation has impressed me with the idea that a few years will see this State a prominent field of typhus fevers, though I confess to not having very thoroughly canvassed my reasons for such a conclusion."

Dr. Charles Davis, of Henry, Ill., testifies as follows: "My experience and practice has been confined to the banks of the Illinois River and its immediate vicinity. Everything depends on the season;—if the season is warm, intermittents and remittents will prevail generally; if the season is extremely warm these diseases will prevail in ratio with the heat. If cool, they will be few in number, of moderate violence, and easily controlled. I think they vary only with the seasons. One thing has to be considered; our population is becoming acclimated, and will be less subject to those diseases than formerly. As we habituate ourselves to an influence we become less affected by it." 2d, Do they yield readily to the ordinary Homeopathic attenuations, &c? "I believe the atten-

uations would be all-sufficient if we could be allowed time to treat them as intermittents should be, and if we would always take the time to select the proper remedy. But time can seldom be had. If the paroxysm is not arrested at once, the patient is not disposed to wait, but resorts to the usual remedy, sulphate of quinine, or some of the cure-alls of the day. Hence I have given the lower attenuations, as low as the decimal, and sometimes as low as the mother tinctures. I have used *chinodine* and also *sulphate of quinine*, in appreciable doses. The above treatment has answered in many hundred cases, and without resorting to cathartics in a single case (as recommended by Dr. Ring of Urbana, O.,) and I wish to give my evidence as a western Homœopath, against the necessity of using cathartics in any form of fever whatever, * * * * * *.

"I believe intermittents to belong to the class called neuroses,—when uncomplicated. The nervous system is poisoned by the miasm exhaled from the lowlands of the country, and shows itself in those paroxysmal agues and intermittents.

"I have not observed an increased frequency of nervous diseases. I know everybody is nervous, more or less, but account for it in the thousand abuses of every-day life."

From Dr. I. W. Johnson, of Peoria, we have the following: "I take pleasure in answering your enquiries; and can say from the experience of six years practice, principally in a miasmatic district, that intermittents are much less frequent, and very much modified in form. They yield much more readily to homœopathic attenuations. I find now comparatively little difficulty, if I select my remedy with care, to get one which corresponds to the condition, notwithstanding the contrary opinion of the editor of the North American Journal of Homœopathy, and its many contributors. Homœopathic attenuations will cure the ague, and when we fail it is an individual failure, and not one of the law.

"I think intermittents belong naturally to the class neuroses; and its essential characteristic, periodicity, is dependent upon a disorder of the ganglionic, cerebral, or spinal systems, although many affections are distinguished by an intermittent type.

"I have, of late years, remarked a decrease of nervous disorders, for which I can account in no way but by considering the increased popularity of the reform system of medicine, and the modification of the old school treatment."

Dr. L. Pratt, of Rock Creek, Carroll Co., says:—May 9th 1858, "In answer to your first question, 'are intermittents more or less frequent than formerly?' so far as my experience and observation enable

me to judge, they are more frequent than formerly. Yet, when we consider the remarkable increase in the population for the past few years, it may be questionable whether there are as many cases, in proportion to the number of inhabitants, as there were from three to ten years ago.—There are some localities, near marshy places, along sluggish streams and ponds of water, where intermittents occur more or less every year. I have noticed that most diseases, (Endemic and Epidemic) in this region assume more or less an intermittent form, at least such is the case with many of their leading symptoms. * * * * * * * * * * * "

"Intermittent fevers, or 'agues' do not respond to the ordinary homœpathic attenuations in my hands as readily as the impatience of my patients often demand; in fact I have occasionally cases which nearly exhaust my patience as well as that of the patients themselves. Many cases again yield very quickly to a few doses of the homœopathic attenuations; but, on the whole, I am not satisfied with the results. I have noticed similar experience in the practice of other homœopathic physicians around me.

"I do not consider an intermittent as belonging essentially to the class neuroses. Most classifications which are made seem to me arbitrary arrangements, often obscuring the mind and leading one to grasp at the shadow when he is sure the substance is before him. You may find cases of intermittents for nearly every class of different authors. Each case is varied by peculiarity of constitution, temperament, pathological condition of the organs, &c., &c., almost *ad infinitum.*

"I think 'nervous disorders' are more frequent of late than formerly: but I do not feel prepared to decide in my own mind at present, concerning the cause, or causes, of the fact."

It were easy to quote more at length, but we deem this sufficient for our present purpose. Letters detailing a like experience in neighboring States have been received, of which number we will notice but one—from Dr. J. T. Temple, of St. Louis, Mo. He writes, "In answer to your question touching the character of disease within the past few years, I must inform you,

"First. That we have had no epidemic, strictly speaking—and that those diseases which we have had, have been of such diversity of character as not even to be entitled to the term *endemic.* We have less sickness and fewer deaths in St. Louis than when we had only half its present population.

"Second. As to the relative frequency of intermittents and remittents in late and former years, I reply that they have comparatively ceased,—

for the two last years there was not more than one-tenth which we formerly had, and those yielded more promptly than I knew them before."

"Third. Whether I 'consider an intermittent one of the neuroses?' In reply to this let me say that, of all the diseases known by name to the medical world, there is no one which presents so great a diversity of character. That there are cases which clearly come under the head of neuroses, I am most perfectly convinced of. That there are cases, and a majority too, which cannot be so considered is also true.

"In reference to intermittents, and remittents, I think there prevails an almost universal opinion that they are the offspring of marsh miasm, an opinion which I am satisfied is not true. * * * * * * * * *"

"For the last two years, there has been a much greater tendency to disease of the brain, and nervous affections than I have ever remarked before—but was not aware that it was so out of St. Louis."

We come to our *second* inference;—*Homœopathy has been a prominent agent in the production of these changes!* This is a self-evident proposition, and it could not be other than true were the system possessed of the single attribute of countermanding an excessive medication. But its *positive* effects are become palpable verities; and they are, or should be, the property of the profession. There is sufficient material at command of the *North-Western* Homœopaths, to fill a brace of volumes which shall be larger, more practical, and even more interesting, than are those of DRAKE on *The Principal Diseases of the Interior Valley of North America.* The question is *when*, and *how*, shall we have them?

In conclusion, the undersigned would respectfully suggest, that your "Committee on Scientific Subjects" shall not overlook this matter; and that they so multiply their means as to render them most efficient in gathering up, for the profession, this variety of practical information from all quarters of our "common country."

[XI.]

REPORT OF TWO CASES OF EPILEPSY.

BY WILLIAM GALLUPE, M. D.

To the American Institute of Homœopathy:—In compliance with a standing resolution of the Institute, I herewith transmit a report of the treatment and permanent cure of two cases of epileptic convulsions—one of twenty-one years standing, and the other of nine years.

Case 1st. N. B., aged 42 years, of sanguine temperament; robust and hardy constitution; health good to the age of 21 years. Had worked at the lumbering business, which unavoidably exposed him to frequent hardships. Had occasionally felt an oppressed sensation through the stomach and lower part of the chest, with stupid dull feeling of the head; and a few times had experienced a bewildered sensation, lasting for a few moments at a time, and producing an indescribable sensation over the whole body. When about 21 years of age had the first convulsion. Was suddenly seized with a severe drawing of the neck and head; soon followed severe spasms of the arms, legs, head and jaws; with loss of consciousness

From that time the attacks recurred more or less frequently to the present treatmeat, a period of more than 21 years.

For a time the spasms were very severe; but diminished somewhat in severity after a few paroxysms. The convulsions have usually occurred about every two months, though at one time six months elapsed, under the employment of active drugging. But after this suspension, they returned with more frequency and severity than before. After a time, however, they gradually returned to their former frequency. The paroxysms generally occurred early in the morning, say from 12 to 4 o'clock, but latterly they have commenced at all hours of the day. Whenever an attack comes on, from four to six, convulsions recur in the course of the day.

The first indication of a convulsion, is a desire to swallow; followed by a drawing of the head to the right side, over the shoulder, immediately followed by a general spasmodic twitching of the extremities, and whole body; mouth wide open, with spasmodic movements; much frothy, bloody, and fœtid saliva, with occasional involuntary fœcal dis-

charges. The paroxysms last from ten minutes to half an hour; followed by sleep, nausea, and sometimes vomiting, with flush of face, which also sometimes precede the paroxysms for twelve to fifteen hours, with much flush.

During the first few years had frequent threatnings every seven to ten days, lasting from twelve to twenty-four hours; but would pass off without a spasm. Of late years, every threatening has been followed by a series of spasms.

Occasionally of late, the spasms come on suddenly, with little or no warning. Has no recollection of any thing that occurs during the spasms; has had much dull and stupid feeling about the head most of the time since spasms commenced, and thinks more constantly for the last few years; always feels worse in the morning when rising; usually feels better after moving about; also, after supper, and in the evening. Sleep usually disturbed by dreams, of unpleasant character; frequent awaking during the after part of the night; appetite craving, especially after the paroxysm.

Had itch when he was twelve years old. Cured by sulphur ointment. Had it again when nineteen years old; and again when twenty-five years old; and each time treated with sulphur ointment, as at first.

This patient had consulted several physicians in different parts of the State, and some of the most eminent; and followed their directions and modes of treatment; but without any perceptible benefit or mitigation of the spasms. Has taken also many quack nostrums with no better result.

This case was radically cured by homœopathic remedies, from the 30th attenuation, upwards to the 700th. Doses repeated in from three to seven days, and from one to four weeks. The spasms were but slight after the first three months of treatment; not so severe as to lose consciousness during the spasms. This had not been the case before, since the commencement of the disease.

Nux v. 30, followed by *sulph.* 30, produced a very decided change in the general state of the system; regulated the stomach and bowels, and diminished the paroxysms both in severity and frequency. After this, a few doses of *bell.* 30, diminished the premonitory symptoms, which hitherto had been followed by spasms more or less severe. Yet these were not entirely subdued, notwithstanding a return to *nux* and *sulph.* for two months or more. *Cuprum met.* 30, was now given, which soon effectually controlled the disease, as no more spasms recurred, now a period of eight years. The patient's health, since, has been firm and robust.

After the lapse of a year or more, he was induced to use the pipe, as

he formerly had done; but soon found some dizziness of the head, and a threatening of some of his former symptoms: but a few doses of antidotal medicine soon checked it, and the use of the pipe was willingly abandoned.

Again, after a few years he indulged in the use of coffee for a while, to which he had formerly been much attached; but dizziness of the head, with feelings of languor and lassitude recurred, for which a few doses of the antidote were given, and a hint of caution, and the threatenings were speedily relieved.

Case 2nd. G. W., aged eleven years, of nervous sanguine temperament; has been subject to spasms since the age of two years. For the first four or five years, the spasms were slight, and the child otherwise appeared healthy. The first spasm followed a feverish attack, which was supposed to be the result of cold; and from this time, to the age of seven years, he had five attacks, with increasing severity. When seven years old, he crossed a river, which appeared to frighten him considerably. That night he had a severe spasm and two more on the following morning, more severe than ever before. Began by drawing his head around over the left shoulder, then to the right—and again the left; followed by general spasms. The attacks were preceded by screaming, and clenching of hands, as from fright. The frequency of the paroxysms increased till five or six would occur during the day. There were from one to four weeks interval between them; sometimes he would talk wildly, and clasp his hands three or four times during the day, without having a fit, but more frequently, more or less of convulsion followed them. For a few times the fits commenced by making three or four circuits around the room, which were always reversed. Soon after this peculiarity the paroxysms increased in frequency and severity, so that he has frequently had six to eight during the day for a week. At the time of my first visit he had had occasionally spells of crying out with violent palpitation of the heart, and had tremulous motions similar to the light attacks when not followed by the general spasms.

Humor has occasionally appeared in red blotches—surrounded with fine eruption, with much itching and burning; aggravated by scratching; always felt best when it was out the most. Less in winter; and was most affected with spasms. His father was troubled with humor, and was also subject to fits. Complains much of pain in stomach, and across the hepatic regions; bloating of bowels, and more or less of constipation. Tongue much coated; and saliva fœtid.

This case appeared hideous indeed at my first visit. He usually fell backwards, and at one time cut his scalp severely, which was ever after

kept open by repeated falls, and thus became a permanent sore. Had become very refractory, disobedient and unmanageable. Had been punished much for his willful and refractory conduct; but punishment increased his spasmodic attacks. He seemed always disposed to do directly the opposite of what was required of him.

This case had been treated by several physicians, but without any improvement, and had been abandoned as hopeless. He was greatly benefitted by the use of *nux vom.* 30, with an occasional dose of *mercurius sol.* 30 interspersed. The secretions of the mouth were soon improved, the bowels regulated, and the paroxysms very much mitigated in severity and frequency. He became manageable and mild in his conduct, affectionate and obedient to his mother, with only occasional spasms. Doses were repeated at first every two or three days, and afterwards from five to seven. After this a few doses of *sulphur* 30 and 1000, repeated in from five to seven days, soon controlled the disease; the sore healed up kindly, and no spasms occurred after six months' treatment. He soon became fleshy, robust and active. Four or five years had elapsed without a return of spasms, when, after much fatigue and imprudence he had two spasms; but a few powders soon controlled them, and they have not returned since to my knowledge.

I think the above cases show decided evidence of the effect of a suppressed humor in the system; and of the effectiveness of the homœopathic principles to meet and radically cure such long standing and hitherto considered intricate and incurable cases; and of the truly wonderful antipsoric action of remedies, when their latent curative properties are fully developed by the method sought out and made known by our illustrious, and ever to be kept in grateful remembrance SAMUEL HAHNEMANN.

[XIII.]

REPORT OF THE TREASURER

OF THE

American Institute of Homœopathy,

FOR THE YEAR ENDING JUNE 3, 1858.

RECEIPTS.

Balance on hand at last report—cash	$150.11
S. R. Kilby's note	59.13
Cash received for arrears from members	164.00
Total receipts	$373.24

DISBURSEMENTS.

Paid Sec'ry M'Manus's bill	26.88
" E. S. Wells' hall rent at Chicago	20.00
" John Wentworth for publishing proceedings	178.24
" Expressage on two packages from Chicago	4.73
" For printing bill-heads and circulars	7.00
" P. O. stamps and envelopes	5.00
" Telegraphic messages	2.00
Total expenditures	$243.85
Balance in hands of Treasurer—cash,	70.26
" " " —notes	59.13
	$129.39

SAML. S. GUY, M. D.,
Treasurer.

Constitution, By-Laws and Rules of Order

OF THE

AMERICAN INSTITUTE OF HOMŒOPATHY.

CONSTITUTION.

ARTICLE I.

This association shall be styled the American Institute of Homœopathy.

ARTICLE II.

The object of this Institute shall be the improvement of the science of medicine.

ARTICLE III.

This institution shall be composed of those physicians who are already members, and of such others as may be hereafter duly chosen in conformity with its by-laws.

ARTICLE IV.

The officers of this Institute shall be a Chairman, a General Secretary, a Provisional Secretary, and a Treasurer, with such other officers as shall be designated by the by-laws, to be chosen at such times, in such manner, and for such periods, and with such duties as those by-laws shall ordain.

ARTICLE V.

The Institute shall have and use one common seal, with a suitable device and inscription.

ARTICLE VI.

This constitution may be altered or amended by a vote of two-thirds of all the members, present at the regular annual meeting, provided that notice of such alteration or amendment shall have been given in writing at a previous annual meeting of the Institute.

BY-LAWS.

ARTICLE I.

The Institute shall hold at least one session in each year, at such time and place as may be determined upon from time to time.

ARTICLE II.

The officers shall be elected annually, by ballot, and a majority of all the votes shall be necessary to a choice.

ARTICLE III.

It shall be the duty of the Chairman to preside at the meetings of the Institute; to preserve order therein, put all questions, announce the decisions, and appoint committees not otherwise ordained.

ARTICLE IV.

It shall be the duty of the General Secretary to organize the meetings and preside until a Chairman shall be elected; to keep a record of the proceedings of the meetings, answer all letters addressed to the Institute, open and maintain such correspondence as may tend to advance its interests, to give proper notice of the meetings of the Institute, to notify candidates of their election, and sign certificates of membership.

ARTICLE V.

It shall be the duty of the Provisional Secretary to assist the General Secretary; and in his absence, to perform his duties.

ARTICLE VI.

It shall be the duty of the Treasurer to receive all moneys belonging to the Institute, to make all necessary disbursements, and report annually in writing.

ARTICLE VII.

At each annual session of the Institute, there shall be a board of five Censors elected by ballot, who shall act until others shall be elected by ballot, whose duty shall be to receive credentials of candidates, and report such as may be found properly qualified, to the Institute for election, any three of whom shall constitute a quorum.

ARTICLE VIII.

Any person who shall have pursued a regular course of medical studies, according to the requirements of the existing medical institutions of our country, and shall have obtained a certificate of three members of this Institute that he has thus complied with the above requirements, and that he sustains a good moral character and general standing, addressed to the Board of Censors, and by them satisfactorily found qualified in the theory and practice of Homœopathy, and so reported to the Institute, may be elected a member thereof; and upon the payment of two dollars shall receive a certificate of such election.

ARTICLE IX.

There shall be a Central Bureau for the augmentation and improvement of the Materia Medica, consisting of five members, to be appointed by the Chairman.

ARTICLE X.

Certificates of membership shall be granted to such as are already members of the Institute, on the payment of one dollar, and to new members on the payment of two dollars.

ARTICLE XI.

These by-laws may be altered or amended by a vote of a majority of members, present at any annual meeting.

ORDER OF BUSINESS.

1. The meeting shall be called to order by the General Secretary, or in his absence, the Provisional Secretary, or, in the absence of both Secretaries, the Treasurer, or such person as shall be chosen by the members present, shall preside until a Chairman is chosen.

2. Calling the roll of members.

3. Choice of Chairman and such other officers as are elected by ballot.

4. Election by ballot of Standing Committee on the election and reception of members.

5. Reading of such portion of the minutes of the last meeting as may relate to unfinished business, or matters referred to the next meeting.

6. Appointment of Standing Committee of five on the Treasurer's account and vouchers.

7. Report of Treasurer, with vouchers of expenditures.

8. Report of Committees appointed at the last meeting.

9. Reports and communications from auxiliary, and corresponding bodies.

10. Annual address.

11. Time and place of the next annual meeting, and Committee of Arrangements.

12. Choice of a member to deliver the annual address at the next meeting, and an alternate.

13. Reading of minutes for correction and approval.

14. Adjournment.

The rules relating to the order of business may be varied for the time being by common consent, or by a vote of two-thirds of the members present.

The general rules of the House of Representatives of the United States shall be observed in debate and manner of transacting business, where there are no rules of the society applicable to the subject.

RESOLUTIONS ADOPTED MAY 14, 1846.

Resolved, That this Institute recommend the formation of local Homœopathic Societies, on the basis of the Institute.

Resolved, That each local society be recommended to appoint a bureau for the augmentation and improvement of the Materia Medica, whose duty it shall be to send to the Central Bureau, information in relation to the following topics:

1. The effects which may be observed from the trial of new remedies, whether in health or disease, stating the precise localities of the symptoms, the times of the day at which they occur, with all the attending circumstances and conditions.

2. New symptoms, either pathogenetic or curative, of medicines already or not fully tried, which are clearly ascribable to those drugs, with particulars of such cases.

3. Symptoms of remedies which have more frequently occurred in practice, also any remarkable coincidence in popular practice, especially in cases of poisoning.

4. It is expected that each local Society will report itself annually to the Institute.

5. That each member of the Institute be earnestly desired to make trials of drugs upon himself.

RESOLUTION ADOPTED JUNE 10, 1847.

Resolved, That the members of the Institute be required to pay the annual sum of $1, towards defraying the expenses of the Institute.

RESOLUTION ADOPTED JUNE 13, 1850.

Resolved, That candidates who may be hereafter admitted to the membership of the Institute, and who may have received a diploma from some regularly established Medical College, or Institution legally authorized to confer such degree, shall have the title M. D. affixed to their names; and all who have not such degree of Doctor of Medicine, but are eligible to membership according to the seventh article of the By-Laws, shall have prefixed the title of Dr., and the Board of Censors are hereby instructed so to report their names to the Institute.

RESOLUTIONS ADOPTED JUNE 12, 1851.

Resolved, That this Institute consider it the duty of every member to make some written communication at every annual meeting, upon some matter pertaining to the general interests of Homœopathy.

Resolved, That members of the Institute who may change their place of residence, are hereby requested to give notice of such change to the General Secretary.

RESOLUTION ADOPTED JUNE 8, 1853.

Resolved, That the members of the Institute who shall sign the certificate of an applicant for membership, shall state upon the certificate the name of the Medical College of which such applicant shall have graduated.

RESOLUTION ADOPTED JUNE 8, 1854.

Resolved, That all committees appointed to report on Scientific Subjects, failing to report within one year after their appointment, shall be discontinued, except by a vote of two-thirds of the members present.

RESOLUTION ADOPTED JUNE 7, 1855.

Resolved, That there shall be a committee of three, on Clinical Experience, appointed annually, whose duty it shall be to receive and report, at each meeting, accounts of cases treated and cured Homœopathically.

RESOLUTION ADOPTED JUNE 5, 1856.

Resolved, That the Proceedings of the Institute, published by the General Secretary, be withheld from all members of the Institute whose arrearages or dues shall amount to more than two dollars at the next meeting.

RESOLUTION ADOPTED JUNE 8, 1856.

Resolved, That in accordance with the usage and dignity of scientific bodies, who very properly discountenance all extraordinary efforts on the part of the members of such bodies, to enhance individual interests, we, as an associated scientific body, will discountenance all like extraordinary efforts on the part of the members of this Institute; and whenever such cases come to our knowledge, well authenticated, we will sever such members from our connexion, as no longer worthy of our sympathy and fellowship.

RESOLUTION ADOPTED JUNE 3, 1857.

Resolved, That the General Secretary be required to notify the Chairman of all committees on Scientific Subjects, at as early a day as practicable after the adjournment of the Institute, of the fact that such a committee is appointed; and also the subject designated; and the time when, and the place where such report is required to be made by the Institute.

Resolved, That members in good standing, who, from advanced age,

shall have retired from the practice of medicine, may retain honorary membership, and be exempt from the payment of annual dues.

Resolved, That it is the duty of the American Institute of Homœopathy to extend a fostering care to the Homœopathic Medical Colleges of the United States, and exert her influence in directing students of Medicine, who are seeking admission to the honors of the profession, to their halls for instruction.

Resolved, That the American Institute of Homœopathy does not necessarily endorse the doctrines contained in the reports of Committees, by accepting and publishing such reports with the proceedings.

Resolved, That each present member of the American Institute of Homœopathy, shall be entitled to the Diploma about to be issued for the members of the Institute; and that all new members shall be entitled to the same by paying the established fee.

RESOLUTION ADOPTED JUNE 3, 1858.

Resolved, That all papers received by the Institute, which are ordered to be placed on file, be referred to the permanent Secretary, to be used as he may think proper, in making up his report of the proceedings of our annual meetings.

NAMES OF MEMBERS

OF THE

AMERICAN INSTITUTE OF HOMŒOPATHY.

* Denotes deceased; † Honorary membership and exemption from dues.

A.

Abbott, Jehiel, M. D. ..... Westfield, Mass.
* Adams, Henry, M. D. ..... Cohoes, N. Y.
Adams, R. E. W., M. D. ..... Springfield, Ill.
Allen, James H., M. D. ..... New York City.
* Anderson, M., M. D. ..... Philadelphia.
* Anderson, Moses, M. D. ..... New York.
Andrews, J. R., M. D. ..... Camden, N. J.
Angell, H. C., M. D. ..... Boston, Mass.
Annin, J. D., M. D. ..... Newark, N. J.
Armour, Thomas, M. D. ..... Kansas.
Ashton, A. H., M. D. ..... Philadelphia.
* Atwood, M., M. D. ..... Francistown, N. H.

B.

* Baker, George, M. D. ..... Chelsea, Mass.
Baker, Joseph C., M. D. ..... Middleboro', Mass.
Baldwin, D. A., M. D. ..... Rochester, N. Y.
Baldwin, Jared G., M. D. ..... New York.
Ball, A. S., M. D. ..... New York City.
Barlow, S. B., M. D. ..... New York City.
Barnes, G. W., M. D. ..... Mt. Vernon, Ohio.
Barrows, George, M. D. ..... Taunton, Mass.
Barrows, Ira, M. D. ..... Providence, R. I.
Bartlett, A. R., M. D. ..... Aurora, Ill.
Bartlett, E. M., M. D. ..... Louisiana.
Bauer, A., M. D. ..... Cincinnati, O.
Baxter, Wm., M. D. ..... Fishkill, N. Y.
Bayard, Edward, M. D. ..... New York City.
Beakely, G., M. D. ..... New York City.
Beakely, J., M. D. ..... New York City.

* Beard, D. H., Dr.....Troy, N. Y.
Beckwith, Seth R., M. D.....Cleveland, O.
Beebe, G. D., M. D.....Chicago, Ill.
Beers, A. H., M. D.....Buffalo, N. Y.
Belcher, George E., M. D.....New York City.
Bell, H. W., M. D.....Nantucket, Mass.
Bell, Sanford, M. D.....Springfield, Ill.
Bell, Wm. C., M. D.....Middletown, Conn.
Belt, R. G., M. D.....Philadelphia, Pa.
Bennet, H., M. D.....Rochester, N. Y.
Berens, Bernard, M. D.....Philadelphia.
Berens, Joseph, M. D.....Philadelphia.
Berghaus, Julius M., M. D.....New York.
Bigelow, Franklin, M. D.....Toledo, O.
Bigelow, J. G., M. D.....Syracuse, N. Y.
Bigler, G. W., M. D.....Cincinnati, O.
Bishop, D. F., M. D.....Lockport, N. Y.
Bissell, A. F., M. D.....Toledo, O.
Blair, A. O., M. D.....Columbus, O.
Blanchard, H. C., M. D.....Buffalo, N. Y.
Blanchard, J. A., M. D.....Pittsburgh, Pa.
Bloss, Richard, M. D.....Troy, N. Y.
Boardman, J. C., M. D.....Trenton, N. J.
Bolles, R. M., M. D.....New York City.
Bowers, Josiah, M. D.....New York City.
Bowers, B. F., M. D.....New York City.
Bradford, Richmond, M. D.....Auburn, Me.
Brainerd, Jehu, M. D.....Cleveland, O.
Brisbane, Wm., M. D.....Wyoming, Pa.
* Brown, Joseph R., M. D.....Galveston, Texas.
Bryan, R. S., M. D.....Troy, N. Y.
Bryant, Charles G., M. D.....Albany, N. Y.
Bryant, Joel, M. D.....Brooklyn, N. Y.
Bull, A. T., M. D.....London, Canada West.
Burgher, J. C., M. D.....Pittsburgh, Pa.
Burke, A. C., M. D.....Brooklyn, N. Y.
Burritt, A. H., Dr.....New Orleans, La.
Burritt, A. R., M. D.....Huntsville, Ala.

C.

Cain, William, M. D.....Ravenna, Ohio.
Campbell, Melancton W., M. D.....Stillwater, Saratoga Co., N. Y.
Cate, Shadrack M., M. D.....Augusta, Me.
Cator, H. Hull, M. D.....Syracuse, N. Y.
* Channing, Wm., M. D.....New York City.
Chase, Durfee, M. D.....Palmyra, N. Y.
Chase, H. L., M. D.....Cambridge, Mass.
Chittenden, G. W., M. D.....Janesville, Wis.
Clark, Eliphalet, M. D.....Portland, Me.

Clark, J. K., M. D.....Worcester, Mass.
Clark, Luther, M. D.....Boston, Mass.
Clark, P., M. D.....Coventry, R. I.
Clarke, Henry B., M. D.....New Bedford, Mass.
Clary, Lyman, M. D.....Syracuse, N. Y.
Clements, Z., M. D.....Victoryville, Saratoga Co., N. Y.
Colby, Isaac, M. D.....Concord, N. H.
Cole, Harvey, M. D.....Pittsfield, Mass.
Collins, H. A., M. D.....Springfield, Mass.
Colton, D. A., M. D.....Chicago, Ill.
Coman, I. W., M. D.....Buffalo, N. Y.
Cook, A. P., M. D.....Hudson, N. Y.
* Cook, Geo. W., M. D.....New York City.
Cook, Simeon A., M. D.....Troy, N. Y.
Cooke, N. F., M. D.....Chicago, Ill.
Cornell, Benj. F., M. D.....Moreau Station, Saratoga Co., N. Y.
Cote, M., M. D.....Pittsburgh, Pa.
Coules, E. W., M. D.....Rock Island, Ill.
Coulter, J. H., M. D.....Columbus, Ohio.
* Cox, Geo., M. D.....Williamsburgh, L. I.
Cox, J. W., M. D.....Albany, N. Y.
Coxe, Jr., John Redman, M. D.....Philadelphia.
Coxe, Jr., Lewis, M. D.....Philadelphia.
Crittenden, J., Dr.....Morris Co., N. J.
Crittenden, W. H., Dr.....Bergen Co., N. J.
Crocker, Isaac Senter, M. D.....Providence, R. I.
* Crosby, ——, Dr.....Akron, Summit Co., O.
Cummings, J. M., M. D.....Portland, Maine.
Cushing, John J., M. D.....San Francisco, Cal.

D.

Dake, C. A., M. D.,.....Warsaw, N. Y.
Dake, C. M., M. D.....Geneseo, N. Y.
Dake, D. M., M. D.....Pittsburgh, Pa.
Dake, J. P., M. D.....Pittsburgh, Pa.
Dake, W. H., M. D.....Pittsburgh, Pa.
Darling, C. B., M. D.....Lyndon, Vt.
Dennison, Jeremiah T., M. D.....Fairfield, Conn.
Detwiller, H., M. D.....Easton, Pa.
Detwiller, J. J., M. D.....Easton, Pa.
Dewolf, Jno. J., M. D.....Providence, R. I.
Dinsmore, J. Pitman, M. D.....Brooklyn, N. Y.
Dodge, Lewis, M. D.....Cleveland, Ohio.
Dodge, Moses, M. D.....Portland, Me.
Donovan, T. W., M. D.....Quarantine, Staten Island, N. Y.
Douglas, J. S., M. D.....Milwaukie, Wis.
Driggs, Hiram C., M. D.....Detroit, Mich.
Dubbs, Samuel R., M. D.....Philadelphia.
Duffield, Henry, M. D.....New London, Pa.

Dunnel, H. G., M. D.....New York City.
* Dutcher, B. C., M. D.....New York City.

E.

Ehrman, C., M. D.....Louisville, Ky.
Ehrman, B., M. D.....Cincinnati, O.
Ehrman, F., M. D.....Cincinnati, O.
Ellis, Jno., M. D.....Detroit, Mich.
* Esrey, W. P., M. D.....Philadelphia, Pa.

F.

Fairchild, S., M. D.....Parsippanny, N. J.
Fincke, B., M. D.....Brooklyn, N. Y.
* Flagg, Josiah F., M. D.....Boston, Mass.
Foote, Charles C., M. D.....New Haven, Conn.
Foote, Elial T., M. D.....New Haven, Conn.
Foote, Geo. F., M. D.....Buffalo, N. Y.
Freeman, Alfred, M. D.....New York City.
Freeman, Warren, M. D.....New York.
* Freytag, E.....Bethlehem, Pa.
Freligh, Martin, M. D.....New York.
Fuller, Milton, M. D.....Boston, Mass.
Fullgraff, Otto, M. D.....New York.

G.

Gallupe, Wm., M. D.....Bangor, Me.
Gambell, W. P., M. D.....Haverhill, Mass.
Gardiner, Daniel R. M. D.....Moorestown, N. J.
Gardiner, Richard, M. D.....Philadelphia.
Gardiner, W. A., M. D.....Philadelphia.
Gardner, F. B., M. D.....San Francisco, Cal.
Garrettson, Jesse, M. D.....Cincinnati, O.
Gatchell, H. P., M. D.....Cleveland, O.
Geist, F., M. D.....Boston, Mass.
* Gilbert, James B., M. D.....Savannah, Ga.
Giles, Albert, M. D.....Racine, Wis.
* Gosewich, C., M. D.....Wilmington, Del.
Gray, A. W., M. D.....Jamestown, N. Y.
Gray, John F., M. D.....New York City.
* Graves, S. W., M. D.....Chicago, Ill.
Green, Geo. S., M. D.....Hartford, Conn.
Green, J., M. D.....Washington City, D. C.
Greenleaf, Wm. A., M. D.....Hamilton, Canada West.
Gregg, Rollin R., M. D.....Canandaigua, N. Y.
Gregg, Samuel, M. D.....Boston, Mass.
Guernsey, E., M. D.....New York City.
Guernsey, H. N., M. D.....Philadelphia, Pa.
Guernsey, William F., M. D.....Frankford, Pa.

Guilbert, E. A., M. D.,.....Dubuque, Iowa.
Gurnsey, E., M. D.....New York.
Guy, S. S., M. D.....Brooklyn, N. Y.

H.

* Hale, Eben, M. D.....Boston, Mass.
Hallock, L., M. D.....New York City.
Hammond, Milton, M. D.....Newark, Del.
Hanford, S. C., M. D.....Brooklyn, N. Y.
Hanford, W. H., M. D.....Brooklyn, N. Y.
Harris, Charles Taylor, M. D.....Ballston Spa, N. Y.
Harris, C. W., M. D.....Taunton, Mass.
Harris, Z. H., Dr.....New York City.
Hatch, Philo L., M. D.....Dubuque, Iowa.
Hawley, L. B., M. D.....Phœnixville, Pa.
Haynel, A. F., M. D.....Baltimore, Md.
Hedges, W. S., Dr.....Jamestown, N. Y.
Helmuth, W. S., M. D.....Philadelphia.
Helmuth, W. T., M. D.....St. Louis, Mo.
Hempel, Charles J., M. D.....Philadelphia.
Henry, John H., M. D.....Montgomery, Ala.
Hering, C., M. D.....Philadelphia.
Herrick, I., M. D.....Lyndborough, N. H.
Herron, Jas. A., M. D.....Pittsburgh, Pa.
Hill, B. L., M. D.....Berlin, O.
Hoffman, H. H., M. D.....Pittsburgh, Pa.
Hofman, Ernst F., M. D.....Poughkeepsie, N. Y.
Holt, Aaron P., M. D.....Lyndon, Ill.
Holt, Daniel, M. D.....Lowell, Mass.
Hoppin, Washington, M. D.....Providence, R. I.
Horton, Freeman, M. D.....Weare, N. H.
Hotchkiss, J. T., M. D.....Bloomington Grove, Orange Co., N. Y.
Houard, J. G., M. D.....Philadelphia.
Hull, A. Cooke, M. D.....Brooklyn, N. Y.
Hull, A. G., M. D.....New York City.
* Humphreys, E., Dr.....Utica, N. Y.
Hutchinson, J. B., M. D.....Madison, Ind.

I.

* Ingalls, Sr., Wm., M. D.....Worcester, Mass.

J.

Jaeger, C. A., M. D.....Elgin, Ill.
James, D., M. D.....Philadelphia.
† James, Isaac, M. D.....Bustleton, Pa.
Janney, D., M. D.....Purcel's Store, Loudon Co., Va.
Jeanes, Jacob, M. D.....Philadelphia.
Jones, E. D., M. D.....Albany, N. Y.
Jones, Elijah U., M. D.....Taunton, Mass.
Jones, Joseph E., M. D.....Westchester, Pa.

Johnson, J. M., M. D.....Cleveland, O.
Joslin, B. F., M. D.....New York City.
Joslin, Jr., B. F., M. D.....New York City.

K.

Keep, L., M. D.....Fairhaven, Conn.
Kellogg, Edwin M., M. D.....New York.
Kellogg, Jno. L., M. D.....Chicago, Ill.
Kenyon, L. M., M. D.....Buffalo, N. Y.
* Kern, B. F., M. D.....Philadelphia.
Kimball, D. S., M. D.....Sacketts Harbor, N. Y.
Kinsley, H., M. D.....New York City.
Kirby, S. R., M. D.....New York City.
Kirk, Isaac E., M. D.....Hudson, N. Y.
Kitchen, James, M. D.....Philadelphia.
Koch, A., M. D.....Philadelphia.

L.

Lafon, Thomas, M. D.....Newark, N. J.
Lentz, Henry S., M. D.....Chesnut Hill, Phil. Co., Pa.
Leon, Alexis, M. D.....New York City.
Lewis, Geo. W., M. D.....Buffalo, N. Y.
Lingen, Geo., M. D.....Mobile, Ala.
Lippe, A., M. D.....Philadelphia.
* Loomis, J. G., M. D.....Philadelphia.
Lougee, Wm. H., M. D.....Methuen, Mass.
Lovejoy, E., M. D.....Oswego, N. Y.
Ludlam, R., M. D.....Chicago, Ill.

M.

Macfarland, LaFayette, M. D.....Boston, Mass.
Macy, B. C., M. D.....Brooklyn, N. Y.
Mairs, J., M. D.....New York City.
Manchester, C. F., M. D.....Pawtucket, R. I.
Marcy, E. E., M. D.....New York City.
Martin, Jos. Lloyd, M. D.....Baltimore, Md.
* Matthews, Caleb B., M. D.....Philadelphia.
M'Allister, James M., M. D.....Philadelphia.
M'Chesney, A. B., M. D.....Quincy, Ill.
M'Knight, C. G., M. D.....Providence, R. I.
M'Manus, F. R., M. D.....Baltimore, Md.
* M'Manus, F. S., M. D.....Baltimore, Md.
M'Vickar, J. A., M. D.....New York City.
Meachem, I. J., M. D.....Nunda, N. Y.
* Merrill, J., M. D.....Portland, Me.
* Metcalf, James W., M. D.....New York City.
Middleton, J. D., M. D.....Baltimore, Md.
* Middleton, R. S., M. D.....Philadelphia.
Miller, Adam, M. D.....Quincy, Ill.
Miller, A. C., M. D.....Morgantown, Va.

Miller, Frederick, M. D.....Sing Sing, N. Y.
Miller, Thomas, M. D.....Lexington, Mo.
Minton, Henry, M. D.....Brooklyn, N. Y.
Moore, John D., M. D.....Burlington, N. J.
Morgan, A. R., M. D.....Syracuse, N. Y.
Morrill, Alpheus, M. D.....Concord, N. H.
Morrill, Ezekiel, M. D.....Concord, N. H.
Morrill, Henry E., M. D.....Brooklyn, N. Y.
Munger, E. A., M. D.....Waterville, N. Y.

N.

Neidhard, Chas., M. D.....Philadelphia.
Newcomb, Geo. V., M. D.....Brooklyn, N. Y.
Norton, L. H., M. D.....Bridgeport, Conn.

O.

Ober, Benj., M. D.....San Francisco, Cal.
Ober, L. E., M. D.....La Crosse, Wis.
Okie, A. H., M. D.....Providence, R. I.
Orme, C., M. D.....Panama, N. Y.
Osgood, David, M. D.....Boston, Mass.

P.

Paine, Henry D., M. D.....Albany, N. Y.
Paine, Horace M., M. D.....Clinton, Oneida Co., N. Y.
Paine, John A., M. D.....New Hartford, N. Y.
Paine, J. P., M. D.....Dedham, Mass.
Palmer, Frederick N., M. D.....Newtonville, Mass.
Palmer, M. W., M. D.....New York City.
Palmer, W. C., M. D.....New York City.
Parker, H. C., M. D.....Manchester, N. H.
Parks, J. M., M. D.....Cincinnati, O.
* Payne, John, M. D.....Belfast, Me.
* Payne, L. V., M. D.....Belfast, Me.
Payne, W. E., M. D.....Bath, Me.
* Peak, J. M., Dr.....Cooperstown, N. Y.
Pearson, Wm., M. D.....Dayton, O.
* Peck, William, M. D.....Cincinnati, O.
Peirson, F. D., M. D.
Perkins, Roger G., M. D.....New York.
Perrine, W. L. R., M. D.....Brooklyn, N. Y.
Peterson, James, M. D.....Weare, N. H.
Petherbridge, J. B., M. D.....Hoboken, N. J.
Pfouts, Jno. S., M. D.....La Crosse, Wis.
Pierce, T. A., M. D.....Wilkesbarre, Pa.
Piper, J. R., M. D.....Washington City, D. C.
Pitney, Aaron, M. D.....Chicago, Ill.
Pomeroy, Thomas F., M. D.....Utica, N. Y.
Poole, A., Dr.....Oswego, N. Y.
Potter, E. A., M. D.....Oswego, N. Y.

Preston, Henry C., M. D.....St. Johns, N. B.
Pulsifer, M. R , M. D.....Ellsworth, Me.
Pulsifer, N. G. H., M. D.....Waterville, Me.
Pulte, J. H., M. D .....Cincinnati, O.

Q.

Quin, Jas. M., M. D.....New York City.

R.

Raborg, Christopher H., M. D.....Baltimore, Md.
Randall, Wm. H., M. D.....Albany, N. Y.
Randel, J. M., M. D.....Chesapeake City, Md.
Raymond, J. C., M. D.....Utica, N. Y.
* Rea, Albus, M. D.....Portland, Maine.
Reading, J. K., M. D.....Somerton, Pa.
Reed, Wm. A., M. D.....Philadelphia.
Reichhelm, Gustavus, M. D.....Philadelphia.
Rhees, Morgan J., M. D.....Mt. Holly, N. J.
Richardson, E. T., M. D.....Brooklyn, N. Y.
Roberts, E. W., M. D.....Harrisburg, Pa.
* Roberts, J., Dr.....Vassalboro', Me.
Robinson, Horatio, M. D.....Auburn, N. Y.
Roche, M. B., M. D.....New Bedford, Mass.
Rodman, Wm. W.., M. D.....Waterbury, Ct.
Romig, J., M. D.....Allentown, Pa.
* Rosa, Lemuel K., M. D.....Painesville, Ohio.
Rosa, Storm, M. D.....Painesville, Ohio.
Rosman, John G., M. D.....Brooklyn, N. Y.
Rosman, Robert, M. D.....Brooklyn, N. Y.
* Royston, T. P., M. D.....Lockport, N. Y.
Russell, George, M. D.....Boston, Mass.

S.

Sanborn, B., M. D.....St. Johnsbury, Vt.
Sargent, Rufus, M. D.. .....Monticello, Wright Co., Min.
Sawyer, B. E., M. D.....Haverhill, Mass.
Schmidt, J., M. D.....Baltimore, Md.
Schmoele, H., M. D.....Philadelphia.
Schwartz, Gust., Dr.....Philadelphia.
Scisson, Edward R., M. D.....New Bedford, Mass.
Shackford, Rufus, M. D.....Portland, Me.
* Sheek, J. F., M. D.....Philadelphia.
Shephard, David, Dr.....Bainbridge, Ohio.
Sherrill, H., M. D.....New York City.
Shipman, Geo. E., M. D.....Chicago, Ill.
* Shue, J., M. D.....Hartford, Conn.
Sill, Joseph, M. D.....San Francisco, Cal.
Sims, Francis, M. D.....Philadelphia.
Sites, Oscar, M. D.....New London, Conn.
Skiff, C. H., M. D.....New Haven, Conn.

Skiles, F. W., M. D.....Iowa City, Iowa.
Slocum, Mortimer, M. D.....Chicago, Ill.
Small, A. E., M. D.....Chicago, Ill.
Smith, D. S., M. D.....Waukegan, Ill.
Smith, Edward M., M. D.....Burlington, N. J.
Smith, Hamilton L., M. D.....Mt. Vernon, Ohio.
* Snow, R. A., M. D.....New York City.
Springsteed, David, M. D.....Albany, N. Y.
* Stansbury, R. M., M. D.....California.
Starr, Calvin, M. D.....Iowa City, Iowa.
Stebbins, N., M. D.....Medina, N. Y.
Stevens, C. A., M. D.....Hudson, N. Y.
Stevens, Grenville S., M. D.....Providence, R. I.
Stevenson, T. Collins, M. D.....Carlisle, Pa.
Stone, Alfred B., M. D.....Boston, Mass.
Stone, Henry E., M. D.....Fair Haven, Conn.
Stretch, J. B., M. D.....Salem, N. J.
Sullivan, John L., M. D.....New York City.
Swan, Daniel, M. D.....Medford, Mass.
Swazey, George W., M. D.....Springfield, Mass.

T.

Taft, C. A., M. D.....Hartford, Conn.
* Taft, G. M., M. D.....New Orleans, La.
Talbot, I. T., M. D.....Boston, Mass.
Tarbell, J. A., M. D.....Boston, Mass.
* Taylor, John, M. D.....New York City.
Thayer, David, M. D.....Boston, Mass.
Thorne, Joshua, M. D.....Springfield, Ill.
Tift, John, M. D.....Norwalk, Ohio.
Titsworth, R., M. D.....Plainfield, N. J.
Train, H. D., M. D.....Sheffield, Mass.
Turner, John, M. D.....Brooklyn, N. Y.
Turrill, M. Y., M. D.....Cleveland, Ohio.

V.

Vanderburgh, Federal, M. D.....Rhinebeck, N. Y.
* Vastine, P. E., M. D.....Trenton, N. J.
Verdi, Tullio S., M. D.....Washington, D. C.
Vinal, L. G., M. D.....Philadelphia.

W.

Wack, Philis, M. D.....Philadelphia.
Wackerbarth, T. D., M. D.....St. Josephs, Mo.
Walker, A., M. D.,.....Pontiac, Mich.
Walker, Charles H., M. D.....Manchester, N. H.
* Walker, C., M. D.,.....Northampton, Mass.
Walter, Joseph S., M. D.....Gloucester, Mass.
Ward, I. M., M. D.....Newark, N. J.

Ward, John A., M. D.....Philadelphia.
Ward, J. B., M. D.....Saratoga, N. Y.
Ward, Walter, M. D.....Mount Holly, N. J.
Warner, L. T., M. D.....New York City.
Warner, N. H., M. D.....Buffalo, N. Y.
Watson, James L., M. D.....Brooklyn, N. Y.
Watson, Wm. H., M. D.....Utica, N. Y.
Weld, C. M., M. D.....Jamaica Plains, Mass.
Wells, L. B., M. D.....Utica, N. Y.
Wells, P. P., M. D.....Brooklyn, N. Y.
* Wesselhoeft, W., M. D.....Boston, Mass.
West, Edwin, M. D.....New York.
Wheat, J. M., M. D.....Oberlin, O.
Wheeler, John, M. D.....Cleveland, O.
Whipple, A., M. D.....Dry Ridge, O.
Whitehead, C., M. D.....Philadelphia.
Whittle, J. F., M. D.....Nashua, N. H.
Wild, Charles, M. D.....Brookline, Mass.
Wilde, Daniel, M. D.....New Bedford, Mass.
Wilder, Louis de V., M. D.....Geneva, N. Y.
Wilkinson, R. M., M. D.....Rock Island, Ill.
Williams, C. D., M. D.....Cleveland, O.
Williams, George C., M. D.....Philadelphia.
Williams, T. S., M. D.....Germantown, Pa.
Williamson, W., M. D.....Philadelphia.
Williamson, W. M., M. D.....Appleton, Wis.
Wilsey, F. L., M. D.....New York City.
Wilson, A. D., M. D.....New York City.
Witherell, E. C., M. D.....Cincinnati, O.
Withy, Samuel J., Dr.....Philadelphia.
Wolcott, W. G., M. D.....Whitehall, N. Y.
Wood, J. B., M. D.....Westchester, Pa.
Wood, J. G., M. D.....Salem, Mass.
Woodruff, F., M. D.....Ann Arbor, Mich.
Woolverton, A. N., M. D.....Hamilton, Canada W.
Wright, Albert, M. D.....Brooklyn, N. Y.
Wright, A. S., M. D.....Indianapolis, Ind.
Wright, Clark, M. D.....New York City.

Y.

Youlin, John G., M. D.....Jersey City, N. J.

Z.

Zumbrook, Anthony, M. D.....Philadelphia.

REMARKS.

"RESOLVED, That the name of every member who has not paid his annual dues of one dollar, shall be published with the proceedings of the present meeting, with the amount of indebtedness of each; and that a copy of this resolution be immediately sent to each member in arrears."

It is known to all those who were present at the adoption of the above resolution, that it passed without a dissenting voice: and as its requirements are absolute, and the responsibility of carrying them out, devolved upon the publishing committee, consisting of the Treasurer and Secretary, the reason for the non-appearance of the names of those members who are still in arrears, it may be proper and useful to present, thus early, to the several members of the Institute, that the subject may receive due consideration before another annual meeting. The publishing committee, therefore, take this method to place the subject before the individual members of the Institute.

Very soon after the adjournment of the Institute, the Treasurer mailed to the address of every delinquent member, a copy of the resolution, together with a bill of indebtedness, and also, stated the time fixed upon for issuing the proceedings, which was the first of September. To this communication a very feeble response was made, as may be evident from the fact that, at the expiration of the time indicated, the Treasurer transmitted to the Secretary for publication, a list of 221 names, nearly one-half of the whole number composing the roll of membership, and showing a delinquency, in the aggregate, of $1162. The extent of delinquency was surprising to the Secretary, as it doubtless will be to the Institute. From a personal knowledge of the moral standing and integrity of several members who appeared upon the list of delinquents, the Secretary could not believe that the failure in such cases was intentional, nor from indifference to the success of the Institute, but rather from forgetfulness, in some instances, to which all are liable under the pressure of business, and in others, from habits of procrastination. He therefore determined to make another effort, before executing the extreme measure of the Institute; and accordingly decided to delay the publication of the proceedings

till the 10th of the following month (October), and address a note to each individual, calling attention to the resolution, and announcing the purpose of the Secretary, who had the whole charge of the printing, to dispose of the names of all those who should remain delinquent after October 10th, according to the vote of the Institute, To this letter about one-half of the whole number responded, fifty-six of whom by transmitting their dues, amounting to $238, and the remainder in various ways, which will be made known to the Institute at its next annual meeting; suffice it here to say that some of them were pugnacious and threatening, but most of them, we are happy in being able to affirm for the honor of civility, were respectful and even courteous.

We will here remark that the defiant tone of the correspondents above referred to, had no influence whatever on the final decision.

The committee were in receipt of letters after the time designated for issuing the proceedings (Oct. 10), mailed in remote parts of the country, of which the following extracts from some of those received by the Secretary, will give a correct idea.

One writes, "your letter directed to Dr. S. was received by me to-day. Dr. S. went to California in April last. His address is San Francisco." It was evident a letter could not reach Dr. S. in time for the proceedings, without delaying the publication to an unseasonable period. And though this single case might have been disposed of in a way not unsatisfactory to the Institute, yet it suggested the possibility, and even probability of the existence of other cases similar in character, which had not come to the knowledge of the publishing committee.

Another writes, "On my return from a long journey, I found your very kind and considerate note awaiting me. I regret exceedingly, that I have been so remiss in paying my dues to the Society. The only excuse I can make is, inability. In consequence of others, have lost all my property, and now barely make a living. I do not wish, however, to appear in the proceedings as a delinquent; and if you will forbear for a few days, will endeavor to send the amount due. Sometime next week will attend to it without fail. Please address me a line, and let me know whether this will be satisfactory." This letter was dated, Oct. 9th, just when the printing was nearly completed.

Another writes, "I resigned my membership when the Institute was in session in New York, some ten or twelve years ago; and if you publish my name you will do me great injustice. I have already informed your predecessors of the state of the case in writing." This case, as above stated, was wholly unknown to the present Secretary, as no record of it

could be found on the books of the Institute; yet he presumed that such might be the fact. He therefore felt that injustice might be done by publishing the name, but did not feel authorized to decide the question of publication.

Another says, "I received your letter after some delay, perhaps fatal, and inclose the amount due the American Institute of Homœopathy. I hope this is in time for your publication. The bill rendered by the Treasurer was wrong. I owe for two years only." This letter reached the Secretary after the time fixed upon for publication had expired.

And another writes, "To-day was forwarded to me, at St. Louis, from my former residence (Philadelphia) your circular containing the resolution passed at the last meeting of the American Institute, in reference to the payment of dues. I am ignorant of the amount which I owe; and you will therefore greatly oblige me if you will send to me a bill of my arrearages, which I will be happy to pay immediately. As, however, to-day is the 6th of October, and some days must elapse before the mail can bring the letters, I would esteem it a great favor if you would refrain from publishing my name among the delinquents, 'till you hear from me."

It was the fixed purpose of the Committee, up to the time indicated for issuing the proceedings, to execute the requirements of the resolution to the letter; but the receipt of such letters as the above, made it evident that in so doing, while in a large proportion of cases, simple justice only would be done, in others great injustice might be the result, as in those cases where, from change of residence, neither notice of indebtedness or proceedings had been received; or in cases demanding still more sympathy, viz: where pecuniary reverses had placed ability beyond the delinquents' reach. It seemed, therefore, to the Committee, that more time ought to be allowed, in which to obtain an accurate knowledge of the precise relation which every delinquent member sustained to the Institute; for the execution of the extreme measure contemplated by the resolution, would prove, what we think it ought, essentially a sifting process. We believe no member who has the ability to meet the demand, having voluntarily associated himself with the Institute, and then refusing support, either by pecuniary, practical, or scientific contributions, should be allowed longer to continue his connection therewith; for such a member cannot add to the dignity or usefulness of the association.

There can be no question that a much larger amount of valuable matter than has yet appeared, might issue from the Institute every year, if each member would promptly pay into the Treasury the small sum that he has

voluntarily guarantied, and contribute something to the general fund of knowledge, if it were but a single practical observation.

In conclusion, the publishing committee will repeat, that in the course they have thought proper to pursue in reference to delinquents, they have had no wish to defeat the end contemplated by the resolution, but, regretting the occasion that prompted it, they are of the opinion that its extreme requirements should be carried into effect.

THE SECRETARY,

In behalf of the Publishing Committee.

ERRATA.

18th page,	7th line	from bottom,	for	"subsequently"	read	*previously.*
62d "	2d "	"		"one"	"	*our.*
160th "	12th "	"		"debritus"	"	*detritus.*

NOTICES.

The Committee intrusted with the publication of the Proceedings, bespeak the indulgence of their fellow members of the Institute for the tardy appearance of this volume, inasmuch as the delay has been occasioned by causes which they could not control.

The account of the Dinner and Levee at Faneuil Hall, comprised in the Appendix, has been also printed in a separate pamphlet for general circulation. Copies will be furnished, if applied for soon, at the rate of five dollars per hundred. Orders (with the money inclosed) may be addressed to the General Secretary,

DR. HENRY D. PAINE,
Albany, N. Y.

Seventeenth Annual Meeting of the American Institute of Homœopathy.

The Seventeenth Annual Meeting of the Institute, will be held in the city of Philadelphia, on Wednesday, the 6th day of June, 1860.

HENRY D. PAINE, M. D.,
General Secretary.

Members of the Institute or others purposing to attend the next meeting of the Institute, are requested to send their names to me, together with the routes they wish to take, and the names of the Agents or Superintendents of such routes, that I may secure a reduction of fare for them. *Early attention to this is requested.*

J. P. DAKE, M. D.,
Committee.

Pittsburgh, Pa.

Gen'l Secty

TRANSACTIONS

OF THE

AMERICAN INSTITUTE

OF

HOMŒOPATHY,

FOR 1859:

SEVENTEENTH ANNUAL SESSION

HELD AT

BOSTON, MASS., JUNE 1, 1859.

ALBANY:
MUNSELL & ROWLAND, 58 STATE STREET.
1859.

TRANSACTIONS

OF THE

AMERICAN INSTITUTE

OF

HOMŒOPATHY,

For 1859:

SIXTEENTH ANNUAL SESSION

HELD IN

BOSTON, MASS., JUNE 1, 1859.

ALBANY:
MUNSELL & ROWLAND, 78 STATE STREET.
1859.

The following resolution was adopted by the Institute at its meeting held in Chicago, June, 1857, and was ordered to be printed every year with the published proceedings:

Resolved, That the American Institute of Homœopathy does not necessarily endorse the doctrines contained in the Reports of Committees by accepting or publishing such reports with its proceedings.

CONTENTS.

I. Proceedings of the Sixteenth Annual Session of the American Institute of Homœopathy, ... 7

II. A Theory of Disease. An Address by Dr. S. S. Guy, ... 31

III. Reports of the Central Bureau for the Augmentation and Improvement of the Materia Medica, ... 52

Provings of *Rumex Crispus*, ... 55

Provings of *Polygonum Punctatum*, ... 82

IV. Cold a Therapeutic Agent, by Isaac Colby, M. D., ... 92

V. Water as a Therapeutic Agent, by J. P. Dake, M. D., ... 116

VI. On the Combination of Potencies, by D. M. Dake, M. D., ... 122

VII. Secondary Syphilis—Case, by W. E. Payne, M. D., ... 131

VIII. Suggestions on one form of Inflammation of the Stomach, by S. M. Cate, M. D., ... 136

IX. Report of the Chicago Homœopathic Medical Society, ... 140

X. Report of the Massachusetts Homœopathic Medical Society, ... 143

XI. Report of the Philadelphia Northern Home for Friendless Children, ... 146

XII. Diphtheria, by H. D. Paine, M. D., ... 150

XIII. Obituary Notices of Deceased Members, ... 163

XIV. Treasurer's Report, ... 168

XV. Constitution, &c., of the Institute, ... 170

XVI. Members of the Institute, ... 177

XVII. Officers of the Institute, ... 192

APPENDIX—Proceedings at a Festival given by the Homœopathic Physicians of Boston to the Members of the Institute, at Faneuil Hall, ... 197

PROCEEDINGS

OF THE

SIXTEENTH ANNUAL MEETING

OF THE

AMERICAN INSTITUTE OF HOMŒOPATHY,

HELD IN BOSTON, JUNE 1, 1859.

FIRST DAY.

The American Institute of Homœopathy held its Sixteenth Annual Session in the city of Boston, commencing on Wednesday, the first day of June, 1859.

The Members assembled at Mercantile Hall, Summer street, and at 10 o'clock A. M. the meeting was called to order by the General Secretary, Dr. W. E. Payne of Bath, Me.

The Roll of Members was then called, and necessary corrections of names and residences were made.

On motion, a committee was appointed to nominate officers, The committee presently reported, and the Institute proceeded to ballot with the following result:

CHAIRMAN,

DR. P. P. WELLS of Brooklyn, N. Y.

GENERAL SECRETARY,

DR. HENRY D. PAINE of Albany, N. Y.

PROVISIONAL SECRETARY,

DR. J. I. TALBOT OF BOSTON, MASS.

TREASURER,

DR. C. H. SKIFF OF NEW HAVEN, CONN.

BOARD OF CENSORS,

(To examine the credentials of candidates for membership),

DR. N. H. WARNER of Buffalo, N. Y.,
" M. FULLER of Boston, Mass.,
" D. M. DAKE of Pittsburgh, Pa.,
" J. BEAKLEY of Philadelphia, Pa.,
" W. H. WATSON of Utica, N. Y.

Dr. WELLS, on taking the Chair, briefly and pertinently expressed his acknowledgments for the honor conferred, asking at the same time, the co-operation and indulgence of the Institute in the performance of his official duties.

The Chair then announced the following committees:

On the Treasurer's Account.

DR. L. B. WELLS of Utica, N. Y.,
" E. T RICHARDSON of Brooklyn, N. Y.,
" G. W. SWAZEY of Springfield, Mass.,
" B. F. BOWERS of New York,
" J. P. DAKE of Pittsburgh, Pa.

On Scientific Subjects.

DR. W. WILLIAMSON of Philadelphia,
" D. M. DAKE of Pittsburgh,
" B. F. JOSLIN of New York.

The Chairman then suggested, in a few impressive remarks, the propriety, before proceeding further with the business of the Institute, of taking some suitable notice of those Members of the Society who since the last meeting, have been removed from it by death. He referred particularly and feelingly to the late Dr. HULL of New York, whose early and long continued

devotion to the cause of Homœopathy deserved some marked commemoration by this Institute.

Prof. BEAKLEY of Philadelphia, thereupon moved that a committee be appointed to prepare appropriate commemorative notices of the late Dr. A. GERALD HULL, and such other members of the Institute as have died during the past year, and that their report be incorporated with the published Proceedings of the Institute. Adopted.

The Chair appointed the following as such committee:

Dr. J. BEAKLEY of Philadelphia,
" H. D. PAINE of Albany,
" S. GREGG of Boston,
" W. WILLIAMSON of Philadelphia,
" J. MAIRS of New York.

The unfinished business of the last meeting being next in order, was then taken up.

A Communication from Dr. ISAAC COLBY of Concord, N. H., on *Cold as a Therapeutic Agent*, which was laid over from last year, was read, and laid upon the table for subsequent consideration.

The following proposed Amendment to the Constitution, which was submitted at the last meeting by Dr. W. E. PAYNE, and laid over, was then read.

PROPOSED AMENDMENT.

ART. IV.—The Officers of the Institute shall be a President, a Vice-President, a General Secretary, and a Treasurer, with such other officers as shall be designated by the By-Laws, to be chosen at such time and in such manner as those By-Laws shall ordain.

Dr. PAYNE, the mover of the proposition, being temporarily absent, the consideration of the subject was postponed for the present.

Dr. S. S. GUY presented the Treasurer's Report, which was referred, with the accompanying vouchers, to the Auditing Committee.

The Board of Censors, through their chairman, Dr. N. H. WARNER, reported that they had examined the Credentials of a number of Physicians proposing to become Members, and that those named in the report had been found correct and satisfactory. Whereupon, on the recommendation of the Censors, the following were duly elected Members of the Institute:

HENRY BEAKLEY, M. D., Brewster's Station, N. Y.,
ALBERT G. BELLOWS, M. D., Roxbury, Mass.,
CHARLES A. BROOKS, M. D., Clinton, Mass.,
Dr. WILLIAM E. BULKLEY, Danbury, Conn.,
JOHN A. BURPEE, M. D., Malden, Mass.,
CHARLES H. BURR, M. D., Portland, Me.,
WILLIAM B. CHAMBERLAIN, M. D., Keene, N. H.,
WILLIAM J. CHURCH, M. D., Pittsburgh. Pa.,
JOHN L. CLARK, M. D., Fall River, Mass.,
CHARLES CULLIS, M. D., Boston, Mass.,
E. P. CUMMINGS, M. D., Exeter, N. H.,
B. DE GERSDORFF, M. D., Salem, Mass.,
GEORGE WM. DENNETT, M. D., Boston, Mass.,
HOSEA B. EATON, M. D., Rockport, Me.,
CHARLES H. FARNSWORTH, M. D., East Cambridge, Mass.,
H. FLOTO, M. D., Salem, Mass.,
STEPHEN M. GALE, M. D., Newburyport, Mass.,
J. FITZ GIBBON GEARY, M. D., Philadelphia, Pa.,
GEORGE A. HALL, M. D., Westfield, N. Y.,
W. F. HARDING, M. D., Granville, N. Y.,
JOHN T. HARRIS, M. D., Abington, Mass.,
STANISLAS HERWITZ, M. D., Boston, Mass.,
C. JUDSON HILL, M. D., Utica, N. Y.,
H. A. HOUGHTON, M. D., Keeseville, N. Y.,
M. G. HOUGHTON, M. D., Lyndon, Vt.,
BUSHROD W. JAMES, M. D., Philadelphia, Pa.,
GEORGE P. JEFFERTS, M. D., Kennebunkport, Me.,
DAVID A. JOHNSON, M. D., Chelsea, Mass.
J. E. LINNELL, M. D., Worcester, Mass.,
G. FELIX MATHES, M. D., New Bedford, Mass.,
E. E. MORSE, M. D., Cambridge, Mass.,

CHARLES MUNDE, M. D., Florence, Mass.,
JOHN S. NICHOLS, M. D., Woonsocket, R. I.,
L. B. NICHOLS, M. D., Worcester, Mass.,
I. C. NEILSON, M. D., Charlestown, Mass.,
F. H. ORME, M. D., Savannah, Geo.,
R. G. PERKINS, M. D., New York.,
LEVI PIERCE, M. D., Francistown, N. H.,
L. M. PRATT, M. D., Albany, N. Y.,
D. S. RICHARDS, M. D., Richmond, Me.,
O. S. SANDERS, M. D., Boston, Mass.,
C. F. SAUNDERS, M. D., Waltham, Mass.,
THOMAS S. SCALES, M. D., Woburn, Mass.,
JOHN H. SHERMAN, M. D., Nantucket, Mass.,
ALVIN SHATTUCK, M. D., Buffalo, N. Y.,
G. E. E. SPARHAWK, M. D., Gaysville, Vt.,
C. L. SPENCER, M. D, New Bedford, Mass.,
W. L. THOMPSON, M. D., Dover, N. H.,
BENJAMIN WEEKS, M. D., South Boston, Mass.,
CONRADT WESSELHŒFT, M. D., Dorchester, Mass.,
WILLIAM P. WESSELHŒFT, M. D., Boston, Mass.,
EDWARD A. WILD, M. D., Brookline, Mass.,
G. H. WILSON, M. D., West Meriden, Conn.,
JOHN HARVEY WOODBURY, M. D., East Boston, Mass.

The Board of Censors reported that the application of Dr. JOSEPH V. HOBSON of Richmond, Va., was defective in not stating the source of his diploma or license.

Whereupon, it was moved by Dr. GRAY, and carried, that in the case of Dr. Joseph V. Hobson, the Eighth Article of the By-Laws, be suspended, and that he be elected to membership on condition that he exhibit to the General Secretary, a Diploma or other Certificate, that he is a legal practitioner.

The Institute then took a recess till half past 3 o'clock, P. M.

Afternoon Session.

On re-assembling at 3½ P. M., the proposed amendment to the Constitution offered by Dr. W. E. PAYNE, was taken up, and advocated by the mover.

Dr. FOOTE opposed the proposition as unnecessary and inexpedient.

Dr. JOSLIN took the same view of the subject as the last speaker. He thought it better to avoid every temptation to the introduction of political manœuvering into the Institute.

Dr. GRAY stated that the article which it is proposed to amend, was adopted at the first formation of the Institute. At the preliminary meeting at his house when the plan of the Society was discussed and prepared, it was unanimously considered desirable that the machinery of the Association should be as simple and unostentatious as possible. To this end it was thought best to make the Secretary the permanent officer, while the presiding officer should be simply a Chairman, as it were, *pro tempore*, and not even in name, a President. That view was expressed in the convention that formed the Institute and cordially adopted. He thought the present arrangement the best suited to the objects and purposes of the Institute, and was therefore opposed to the amendment. He was willing, however, to change the name of presiding officer to "President," leaving the article otherwise as it now stands. He proposed to amend Dr. Payne's proposal accordingly.

Dr. GREGG favored the original proposition to amend. He thought that however well adapted the present plan might have been in the beginning and during its early years, a change might be advantageously made, now that the Association had become an established and permanent Institution.

Dr. HEMPLE was opposed to Dr. Gray's amendment, but favored the original proposition. He thought there were many advantages in having a presiding officer whose term of service should continue during the year.

Dr. McManus approved of the Constitution as it stands. This subject has been discussed in the Society several times before, and no satisfactory reason been given for disturbing the plan which has worked so well for sixteen years. Many of the most efficient scientific and learned associations have adopted essentially the same plan.

Dr. Swazey moved that the whole subject be laid on the table. Carried.

REPORTS FROM COMMITTEES.

Dr. Joslin, from the Central Bureau, presented a report, signed by a majority of its members, in which the subject of provings, and the necessity of great care in conducting and recording them was discussed.

Dr. Hemple presented a minority report, dissenting from the report of the majority in regard to the use of attenuations in provings.

The reports (majority and minority) were accepted, and referred to the Publishing Committee, with instructions to include them in the published Proceedings.

The following resolutions appended to the majority report, were then taken up for consideration:

Resolved, That the Ninth By-Law be amended by adding thereto the words following: "And it shall be the duty of each Member of this Bureau, to select a certain medicine for proving, and the symptoms of which he will arrange, indicating the number of provers by which each symptom is verified.

Resolved, That any Members of the Institute who may have or make provings of any drug, are requested to send the same to some Member of the Bureau of Materia Medica, who may have the same in charge.

After some debate and explanation, the resolutions were adopted.

Dr. Hemple moved the following additional resolution:

Resolved, That it be made a part of the instructions to the

Central Bureau, to preserve the record of the original symptomatic groups in every proving. Adopted.

Dr. JOSLIN, from the Central Bureau, presented provings of *Rumex Crispus*, portions of which were read.

The report was accepted and ordered to be printed with the proceedings.

Dr. W. E. PAYNE and Dr. JOSLIN, also from the Central Bureau, reported provings of *Polyganum punctatum*, which was accepted and ordered to be printed.

Dr. J. P DAKE, to whom had been referred the subject of *Water as a Therapeutic Agent*, read a report, which was accepted and ordered to be printed.

Dr. D. M. DAKE, to whom had been referred the subject of *Combined Potencies*, offered a report which was read, accepted, and laid on the table for future consideration.

Dr. G. W. SWAZEY, to whom had been referred the subject of *Medical Dynamics*, asked further time for the preparation of his report. Granted till the next meeting.

Dr. I. M. WARD, appointed to report on the subject of *Mechanical Supports in the Treatment of Disease*, having requested by letter to be allowed till next year to make his report, on motion his request was granted.

Dr. G. E. SHIPMAN, to whom was referred the subject of *Parasites in Connection with Disease*, was not present and made no report. It being understood however, that Dr. Shipman had made some progress in the preparation of a report, his appointment was continued till next year.

Dr. E. A. GUILBERT, committee on *Chest Diseases, their Diagnosis and Treatment*, made no report. The extent and importance of the subject, however, induced the Institute to continue the appointment for another year.

The Institute then adjourned to meet at 8 o'clock, to hear the Annual Address.

Evening Session.

At 8 o'clock the Institute met to hear the Annual Address. There was in attendance a highly respectable audience of ladies and gentlemen. Dr. McManus, who had been appointed to deliver the Address, was excused on account of ill-heath, and the duty was performed by the alternate, Dr. S. S. Guy.

After the Address, the Institute resumed its business.

On motion, the thanks of the Institute were tendered to Dr. Guy for his Address, and a copy requested for publication with Proceedings.

Dr. Hemple moved to reconsider the votes by which the several reports and communications that have been made to the Institute at this meeting, were ordered to be printed.

The Chair decided that the motion could not be made general. It must be made upon each resolution separately.

Dr. Hemple then renewed the motion in reference to the first document referred to the Printing Committee, the report of the Central Bureau, expressing the intention of making the same motion as to each report or communication that had been so disposed of.

The mover explained his object in making this motion. He thought the Institute should not commit itself to the views and doctrines that were contained in some of the papers referred to. He thought the Publication Committee should be authorized to discriminate as to the papers that are to be included in the transactions of the Society. It was not possible for the Institute to judge, in the hurry of reading, as to the merits of the papers read before it. He was not willing to sanction by his vote, nor to allow the Society to appear to sanction whatever crudities may be offered here.

Dr. J. P. Dake opposed the motion. He objected to it in this particular case, and he was opposed to granting censorial or discretionary power to any Committee. By publishing papers read

before the Institute, the Association does not become responsible for the opinions or statements presented. He took the position that reports from Committees appointed by the Institute and presented in good faith, were entitled to courteous treatment, notwithstanding their conclusions might differ from those generally received. And he knew not how any committee could gain more information, or exercise greater care in regard to the matter or manner of a report than the one which had been traversing the ground for a whole year. Certainly that committee could not do it which must do all its work in the space of a few weeks. The exercise of any such censorship would effectually prevent any reports from ever reaching the Institute in future; for no one would labor to prepare what might, upon the whims of a transient committee, be thrown entirely overboard.

This same effort to protect the orthodoxy of the Institute, had been made at nearly every previous meeting, and had invariably been voted down. With the press of matter yet to come before the meeting, and the shortness of time for its consideration, he regretted that this oft decided question should be urged again.

The question was still further discussed by several members, Drs. Foote, Reed and Hemple speaking in favor of the motion, and Drs. Joslin, Gray, Guy, Denison and J. P. Dake, in opposition.

Without taking a vote, the Institute adjourned to 9 o'clock Thursday morning.

SECOND DAY.

Thursday Morning, June 2.

The Institute met according to adjournment. The Chairman, Dr. WELLS, called the meeting to order at 9 o'clock.

Dr. E. T. FOOTE offered the following resolutions.

Resolved, That the introduction or discussion of Theological questions in addresses or reports before this Society is foreign to the purposes for which the Institute was organized, and ought not to be tolerated.

Resolved, That while the medical opinion of members of this Society are in harmony with the principles avowed in the Constitution, and the discussion of questions strictly medical is desirable and should be encouraged, yet the Theological opinions of its members were known to be diverse at the time of its organization and this is not the legitimate ground for their avowal or discussion.

The resolutions were advocated at some length by the mover and adopted.

Dr. T. W. DONOVAN, to whom was referred the subject of *Intermittent Fevers*, presented a partial report, but asked the indulgence of the Institute till the next meeting, when he would undertake to offer a more complete report on that subject, and also on the subject of *Diabetes* which had formerly been assigned to him. Granted.

Dr. N. H. WARNER who was appointed to report on the *Influence of Bicarbonate of Potassa, Tartrate of Potassa and Carbonate of Soda, in articles of Diet*, reported progress and asked further time. Granted.

Dr. W. H. WATSON, on *Phthisis Pulmonalis*, was not ready to report. Asked to be continued. Granted.

On motion, Drs. WILLIAMSON, D. M. DAKE and B. F. JOSLIN, were appointed a committee to propose the time and place for the next annual meeting.

A communication from the CHICAGO HOMŒOPATHIC MEDICAL SOCIETY was received and read.

The communication and accompanying documents were ordered on file.

The resolution appended was laid upon the table, being the same in substance as a resolution already adopted by the Institute.

A report from the MASSACHUSETTS HOMŒOPATHIC SOCIETY was presented and read. On motion, it was ordered to be printed with the proceedings.

Dr. B. W. JAMES presented the report of the Medical and Surgical Cases treated in the PHILADELPHIA NORTHERN HOME FOR FRIENDLESS CHILDREN. The report was read and ordered to be printed.

Dr. WILLIAMSON, from the committee on the time and place for the next meeting, reported that the committee were undecided between Cincinnati and Philadelphia. They therefore suggested both places for the consideration of the Institute.

After some conversation, it was decided to hold the next meeting in Philadelphia, on the first Wednesday in June, 1860.

The Chair appointed the Committee of Arrangements for the next annual meeting, as follows:

Dr. J. BEAKLEY,	Dr. R. GARDINER,
" F. SIMS,	" W. A. REED,
" A. H. ASHTON.	

The Chair also appointed Dr. F. R. MCMANUS of Baltimore, Md., to deliver the address at the next meeting, and Dr. W. W. RODMAN of Waterbury, Conn., as the alternate.

The Chair announced the re-appointment of the Central Bureau as constituted last year, viz:

Dr. B. F. JOSLIN, Chairman, New York,
" W. E. PAYNE, Bath, Me.,
" M. J. RHEES, Mount Holly, N. J.;
" E. BAYARD, New York,
" C. J. HEMPEL, Philadelphia, Pa.

Dr. L. CLARY, from the committee to whom was referred at the last meeting the case of Dr. F. R. MOORE of Pittsburgh, Pa. who had been expelled from the Institute for alleged unprofessional conduct, reported that the committee had carefully investigated the case, and in view of certain palliating circumstances and explanations offered by Dr. Moore, and the regret he has expressed that there should have been any ground for the charges against him, the committee are unanimously of the opinion that he ought to be restored to membership.

The report was agreed to, and the Secretary directed to restore Dr. MOORE's name to the list of members and notify him of this action of the Institute.

Dr. F. W. SKILES of Pittsburgh, presented a communication on *Eclecticism*, which was read and ordered filed.

Dr. H. D. PAINE, read an account of the *Sore Throat Epidemic* that had prevailed in Albany during the past winter and spring.

On motion of Prof. J. R. COXE, the communication of Dr. Paine was then taken up for consideration.

A discussion then arose upon the subject of the report, in which Drs. DONOVAN, GREGG, HEMPEL, JOSLIN, MCMANUS and others participated. After which the communication was referred to the Publishing Committee with instructions to print with the proceedings.

Dr. S. M. CATE of Augusta, Me., offered a communication on *A Form of Inflammation of the Stomach*, which was read and ordered to be printed.

Dr. W. E. PAYNE of Bath, Me., read the history of an obstinate and protracted case of *Secondary Syphilis* and its successful treatment. The communication was directed to be printed.

Dr. F. R. Moore of St. Louis, sent a communication on *Mixed Potencies*, which was accepted and ordered to be filed.

Dr. J. A. Ward presented the following Memorial from certain Physicians of New York, and asked that it might be read:

To the American Institute of Homœopathy:

The undersigned Homœopathic Physicians of the city of New York, beg leave respectfully to present to the Institute the following suggestions:

At the present time, it is estimated that there are not less than 3,000 physicians in the United States, who call themselves Homœopathists. Of this number there is every reason to suppose that the vast majority are actually what they pretend to be, believers in the Homœopathic law, and the Homœopathic practice, in contradistinction to all other laws, and modes of practice. It is a well known fact, however, that there are some (a very small number), who rank themselves in this category, who at heart are opposed to Homœopathy both theoretically and practically—who ridicule and contemn the teachings and practice of Hahnemann, and of his truest and most talented disciples, and who are striving by every available means to merge our Heaven born system into the pernicious mazes of eclecticism and other empyrical schools. These enemies of our doctrine, these despisers and slanderers of Hahnemann and his disciples, these open advocates for an amalgamation of Homœopathy with empyrical systems of the day, these dissenters in our ranks, are sowing their poisonous seeds broadcast throughout the entire nation, and under the garb and designation of "friends to Homœopathy," are stabbing her at every turn. Witness the tone and tendencies of the leading Homœopathic Quarterly during the past two years. Behold the frequent disparagements of the theory and practice of Hahnemann; and no less frequent advocacy and adoption of Allopathic and Antipathic measures!

It is unnecessary to quote instances of this prostitution of a noble cause, for the pages of the Journal in question abound in them. Is there a member of this Institute who does not recognize the truth of these statements, and appreciate the pernicious tendencies and the anti-homœopathic influences of these eclectics

to our ranks? Is there a man in this Association who does not deprecate the course of any person or of any Journal which tends to throw discredit upon our well established doctrines and to establish in their place a hypothetical system of empyricism? Shall we repudiate and abandon the stout rudder of our noble ship—"*Similia Similibus Curantur*"—and trust to any stray plank which the waves of empyricism may bring to hand to guide her through the stormy sea of medical practice?

Let no one undervalue the influence of a large Quarterly Journal, in changing, forming, and directing public opinion in medical matters. Let no one suppose that the issue of 150 pages quarterly to the profession throughout the states, and treating upon every branch of medical science, is not an engine of tremendous power for good or evil. Did not the founder of our school, the immortal Hahnemann, always repudiate, and most earnestly caution his disciples against the system of hypotheses, and the absurd practices of those whom he termed "Mongrels." And are these nondescripts any the less trust-worthy and reliable, or are their teachings and practices any the less dangerous to the welfare of the school in our own day.

In view of these facts, what are the duties of this National Institute—and what of every honest believer in the homœopathic theory and practice of medicine. Shall he continue to leave the field open and unopposed to the mongrel, the electic, and the empyric, who falsely employ the name of "HOMŒOPATHY" in order to carry on more effectually their insidious opposition to our cause. Or shall we ourselves establish a Quarterly which shall be a National exponent of Homœopathy—a Journal which recognizes but one law of cure, and that one the Homœopathic "*Similia Similibus Curantur*"—a Journal which shall not subserve the ends or the ambition of any individual, or medical clique, but which shall number among its editorial contributors, distinguished gentlemen from every state in the Union—a Journal which shall be under the patronage of the American Institute of Homœopathy and other kindred Associations, and which while it sustains the universal applicability of "*Similia*" in all curable diseases, will denounce and expose the pernicious errors of Allopathy, Eclecticism, and other empyrical systems.

The time has fully arrived when the real friends of the cause must bestir themselves in earnest, if they would rescue the young giant of Homœopathy from the contaminating embrace of eclecticism. They must not rely upon mere words and favorable wishes, but let their actions also speak. The pen and the purse must be called into requisition if we would arrest the progress of error and false doctrines in our ranks, and place the entire school upon a more elevated and progressive foundation. In this connection we take much pleasure in attesting to the ability, zeal and true devotion to Homœopathy, which characterize the Homœopathic monthly periodicals of our country, and we earnestly trust that they may all be amply sustained.

Should the Institute in its wisdom deem it expedient to establish a Quarterly Journal of Medicine which shall be a National exponent of our School, or make propositions for the conversion of one of the present Homœopathic Monthlies into a Quarterly, or such other periodical as shall meet the views of the Institute, the undersigned will cordially and actively cooperate in the good work.

All of which is respectfully submitted.

Clark Wright, M. D.,	M. E. Lazarus, M. D.,
H. Sherrill, M. D.,	J. T. Evans, M. D.,
J. T. Alley, M. D.,	B. F. Bowers, M. D.,
Jno. A. Ward, M. D.,	G. H. Leach, M. D.,
A. Houghton, M. D.,	Chas. W. Torry, M. D.,
M. Freligh, M. D.,	A. Savary, M. D.,
J. A. Carmichael, M. D.,	A. D. Wilson, M. D.,
Ad. Reisig, M. D.,	James Mairs, M. D.,
J. G. Baldwin, M. D.,	A. Leon, M. D.,
L. de V. Wilder, M. D.,	Sam'l Lilienthal, M. D.,
Otto Füllgraff, M. D.,	J. W. Dowling, M. D.,
Alonzo S. Ball, M. D.,	Oliver R. King, M. D.,
Alfred Freeman, M. D.,	F. W. Hunt, M. D.,
E. E. Marcy, M. D.,	J. McMurray, M. D.,
George Beakley, M. D.,	L. Hallock, M. D.,
E. D. Bartlett, M. D.,	W. Freeman, M. D.,
E. G. Freligh, M. D.,	Chas. Pfaff, M. D.,

On motion the above memorial was referred to a special committee.

The Chair appointed as such committee, Drs. J. R. Coxe, Samuel Gregg and B. F. Joslin.

It was also moved and carried, that Mr. Henry M. Smith, the Editor of the *American Homœopathic Review*, now present, be heard in reference to the character, object and plan of that periodical.

Whereupon Mr. Smith made substantially the following statement:

That the *American Homœopathic Review* had been commenced in compliance with the request of many homœopathic physicians who wished a periodical that should be more strictly Homœopathic than any then published, and one that should be published oftener than once in three months.

With this object the *Review* was started last October and had been issued regularly every month since. Its pages had been open to any articles that were strictly Homœopathic, but the editors had eschewed everything pertaining to eclecticism and empyricism. Being thus exclusively devoted to the dissemination of pure Homœopathy it sought the co-operation of all who likewise desired its advancement and would therefore like to receive from the Institute such papers presented to it as were suitable for publication.

In reply to a query, Mr. S. desired to state that the *Review* was independent of all cliques, societies or colleges, and would continue to be so, and that the publication of the papers of any society would not give to that society any control over the *Review*, further than the publication of those papers.

The Secretary presented and read a letter from Dr. Piper of Washington, D. C., to the effect that he had been solicited to obtain copies of the Proceedings and Transactions of the Institute for the Smithsonian Institution, and asking that some action of the Society be taken in reference thereto.

On motion, the Secretary was requested to procure a complete set of the publications of the Institute, and present the same to the Smithsonian Institution.

Dr. SWAZEY offered the following resolution:

Resolved, That in the preparation of all papers submitted to this Institute, it is desirable that brevity should be observed as far as the nature of the subjects will allow, and that the Publishing Committee be requested to confer with authors of any papers referred to them that may appear too long, too loosely written, or otherwise unsuited for publication in the Transactions, and that they be authorized to stay the publication of such papers, provided they report the same to the next meeting for further instructions.

Resolved, That the Publishing Committee may prefix to any paper or communication published in the Transactions, such heading or remarks as a regard for the character of this Institute as a body of true Homœopathists may render expedient or necessary.

Dr. RICHARDSON moved to lay the resolution on the table, but withdrew his motion for Dr. SWAZEY to explain.

Dr. GUY moved to amend by striking out the latter clause of the first resolution. Lost.

The resolutions were then adopted.

Dr. GUY moved a re-consideration. Carried.

It was then moved and carried that the resolutions be considered separately.

Dr. H. D. PAINE offered the following as a substitute for the first resolution:

Resolved, That in the case of such papers ordered for publication as are objectionable on account of their length, the Publishing Committee may, with the consent of the authors, abbreviate the same, or suspend the publication thereof until otherwise instructed.

Dr. McManus spoke against giving the committee any such power as is contemplated by the original resolution and measurably by the substitute.

Dr. Swazey advocated the resolution.

Dr. Guy approved of the substitute.

Prof. Reed took the same side, and after some further conversation, Dr. Paine's substitute was adopted.

Dr. Coxe, from the Committee on the Memorial from Physicians of New York, presented the following report:

Boston, June 2d, 1859.

Your Committee appointed to consider the Memorial of certain Physicians of New York, beg leave to report the following resolutions:

1. Resolved, That we sympathize with and approve of the views of the memorialists, and order their communication to be printed with our Proceedings.

2. That we appoint a committee of three who shall publish our papers in accordance with our instructions, and hold their appointment for one year.

3. That we accept the polite offer of Mr. Smith, Editor of the *American Homœopathic Review*, to this extent—that our Publishing Committee be instructed to issue in his periodical such papers as they may deem proper of those ordered on file by the Institute, and all such reports of Scientific Committees as have usually been read at our meetings.

4. That the Committees on Scientific Subjects be requested to pass their reports into the hands of the Publishing Committee so that they may be published at least two months before the meeting of the Institute at which they are to be considered.

5. That Mr. Smith be requested to place the names of our Publishing Committee on the title page of his *Review*.

Signed, John Redmond Coxe, Jr., M. D.,
B. F. Joslin, M. D.,
Samuel Gregg, M. D.

The report was accepted, and after some consideration, the resolutions reported by the committee were adopted.

The Chair appointed the following as the Publishing Committee, provided for in the second resolution, for this year:

Dr. B. F. JOSLIN, New York,
" E. E. MARCY, "
" J. BEAKLEY, Philadelphia.

The Secretary presented a number of letters from members complaining of the action of the Institute in regard to the collection of alleged arrearages, some on the ground that they had not had notice of their indebtedness, and others that they did not owe the sums charged against them.

On motion, the General Secretary and Treasurer were appointed a committee to confer with the writers, with full power to settle all disputed or doubtful accounts.

Dr. W. E. PAYNE, the late General Secretary, made a statement in reference to the non-compliance with the resolution of last year, which required the Publishing Committee to publish in the Proceedings the names of delinquent members with the amounts due from each. He referred to the statement printed at the end of the volume of Proceedings last year for an explanation of the course pursued by the committee, and he now desired the Institute to signify its approval or disapprobation of that course, and to take such other action in the premises as the Association may think expedient.

Whereupon it was voted unanimously, that the action of the Publishing Committee in the matter referred to by Dr. Payne, was right and proper, and is approved by the Institute.

Dr. PAYNE also called the attention of the Institute to the fact that there is still a considerable number of members who are more or less in arrears, notwithstanding the repeated and urgent appeals that have been made; and he urged the necessity of such action in reference to delinquents as shall subserve the interests of the Society and prevent the increase of non-paying associates.

Whereupon the following resolutions were adopted:

Resolved, That the names of those members who refuse to pay their dues be stricken from the roll.

Resolved, That the Secretary be directed to withhold the Proceedings of the Institute from members who neglect to pay their dues, according to the resolution adopted June 5th, 1856.

Dr. B. F. JOSLIN offered the following as a standing resolution:

Resolved, That in all publications of the Institute, whenever attenuations, dilutions or potencies are mentioned, the centessimal scale is implied unless a different scale is expressed. Adopted.

Dr. L. B. WELLS, from the Committee on the Treasurer's Account, reported that they had carefully examined the same, together with the vouchers, and had found it correct.

Dr. MCMANUS requested to be excused from acting as a Committee to prepare a suitable form for a Diploma.

On motion the request was granted, and Prof. W. A. REED of Philadelphia, was appointed in his place.

The communication of Dr. COLBY, on *Cold as a Therapeutic Agent*, was then taken up, and after some consideration was referred to the Printing Committee.

The report of Dr. D. M. DAKE, *on Mixed Potencies*, was taken from the table and referred to the same committee.

The report of Dr. J. P. DAKE, on *Water as a Therapeutic Agent*, was taken up, and also referred to the same committee.

Dr. J. P. DAKE offered the following:

Resolved, That a committee of one be appointed to solicit from the different rail roads, tickets at a reduced fare for members attending the next meeting.

The resolution being adopted without opposition, the Chair appointed Dr. J. P. DAKE as the committee.

Dr. WILLIAMSON, from the Committee to select subjects for consideration at the next Meeting reported the following schedule

of topics, and the committees to which they were respectfully referred:

Medical Education—Dr. D. M. DAKE of Pittsburgh, Pa.

Stomatitis Materna—Dr. R. LUDLAM of Chicago, Ill.

On Bi-carbonate of Potassa, Tartrate of Potassa, and Carbonate of Soda, as Articles of Diet—Dr. N. H. WARNER of Buffalo, N. Y. (continued).

Diphtheria—Dr. H. D. PAINE of Albany, N. Y.

Intermittent Fever—Dr. T. W. DONOVAN of Quarantine, N. Y.

On the Determination of Medical Truths—Prof. W. A. REED of Philadelphia, Pa.

Pareira Brava—Dr. S. M. CATE of Augusta, Me.

Auscultation and Percussion and their Therapeutic Relations—Dr. J. T. TALBOT of Boston, Mass.

Croup—Dr. W. E. PAYNE of Bath, Me.

Anæsthesia in Midwifery—Dr. S. S. GUY of Chancellorville, Va.

Medical Dynamics—Dr. G. W. SWAZEY of Springfield, Mass.

Diseases of the Eye—Dr. J. A. TARBELL of Boston.

Ulceration of the Mucous Membrane—Dr. RICHARD GARDINER of Philadelphia, Pa.

The Relation of Pathology to Therapeutics—Dr. DANIEL HOLT of Lowell, Mass.

Phthisis Pulmonalis—Dr. W. H. WATSON of Utica, N. Y.

Diabetes—Dr. T. W. DONOVAN, Quarantine, N. Y.

On Mechanical Supports in the Treatment of Diseases—Prof. J. M. WARD of Newark, N. J.

On Parasites in Connection with Disease—D. G. E. SHIPMAN of Chicago, Ill.

The report was accepted and agreed to.

Dr. JOSLIN, on behalf of the Central Bureau, announced that in accordance with the Ninth By-Law, as amended at this meet-

ing, the following medicines had been selected by the several members respectively, for future provings, viz:

Rumex Crispus—Dr. B. F. JOSLIN.

Chimaphila Umbellata—Dr. M. J. RHEES.

Inula Campana—Dr. E. BAYARD.

Glonoine—Dr. W. E. PAYNE.

Linaria Canadensis—Prof. C. J. HEMPEL.

Members of the Institute generally are requested to assist in these provings, and to send the results to the Chairman, or either Member of the Bureau.

Prof. BEAKLEY proposed Mr. J. T. S. SMITH of New York, Pharmaceutist, as an Honorary Member.

Dr. MCMANUS opposed, on the ground that the Constitution did not contemplate the admission of Honorary Members.

The Chair so decided, and the proposal was laid upon the table.

Dr. GUY gave notice that at the next meeting he should move an amendment to the Constitution, to the effect that Homœopathic Pharmaceutists may be admitted Honorary Members of the Institute.

Dr. DONOVAN offered the following resolution:

Resolved, That a collection of well-digested clinical facts being of importance to the interests of Homœopathy, the members of this Institute are requested to furnish the committees appointed to report on medical subjects with an abstract of such cases of importance occurring in their experience as relate to any of those designated subjects, and that the publication of the same is authorized, provided it can be effected without subjecting the Institute to pecuniary responsibility.

The resolution was adopted.

On motion of Dr. MCMANUS, the thanks of the Institute were unanimously voted to the Chairman, Dr. P. P. WELLS, for the

able and impartial manner in which he had presided during the session.

Similar votes of thanks were tendered to the late Secretaries and Treasurer for their efficient and faithful services.

The Secretaries and Treasurer were appointed a Committee of Publication to superintend the printing of the Proceedings of this meeting in the usual manner.

After which the Institute adjourned to meet in Philadelphia, on the first Wednesday in June, 1860.

HENRY D. PAINE, M. D.,
General Secretary.

II.

A THEORY OF DISEASE:

AN ADDRESS

DELIVERED AT THE

SIXTEENTH ANNUAL MEETING OF THE AMERICAN INSTITUTE OF HOMŒOPATHY, HELD IN BOSTON, MASS., JUNE 1, 1859,

BY S. S. GUY, M. D.

Your attention is invited to the consideration of *man* in his three-fold character;—as moral, living and organized—in view of provisions made to sustain and perpetuate these characteristics of his existence.

And in the outset let me remark that it is not my intention to commit the Institute or any class or body of men to the views I shall advance. The subject under discussion being almost purely theoretical, each must be left to his own mode of thought and form of expression.

Also, that (however some minds may be affected by its similarity in form of expression) I hereby, once for all, declare that my investigation was not suggested by, nor has it any necessary relation to so-called modern Spiritualism.

Life is the *normal* condition of all beings; death the abnormal.

Existence is the result of life-action.

Uninterrupted life-action insures continuous existence.

Death is said to be a negative state; yet the law which governs it seems to be positive.

Generic life is of two kinds, spiritual and natural. Spiritual embraces all degrees of being, from that which lives on the borders of the indescribable and inapproachable effulgence

which surrounds the centre and source of all life, down to the incomprehensible deformities which are said to flit in vampire form along the confines of Sheol.

The natural life embraces all that part of creation which the great Architect used in *making* the worlds their garniture and inhabitants; and is a result of the necessity that called *them* into being.

Natural life, then, is common to earth-made things. It reaches up from its home in the lowest and crudest atom of inorganic matter till we see its climax in that almost incomprehensible function performed in the union of the spirit of man with the elements of his material body.

Man appears to be the *ne plus ultra* of all the earth creations. For after all other things were made and pronounced to be very good, "God said let us *make* man, in our image, after our likeness, and let *them* have dominion," &c.

We shall assume here that man was made *complete, perfect*, in the *moral* and *spiritual image* of God his maker.

That his life was *from* God, therefore in its fullest integrity, having upon it no stain or imperfection. Also, that he subsequently fell from this high estate and became subject unto death.

That in this subjugation he became involved in all the pain and misery that has afflicted the race from that fatal epoch to the present time.

But this general assumption shall not bar us from a particular investigation of the subject.

Our principal aim in this discourse then will be: First, to set forth and illustrate — so far as can be done in one short hour — the *modus operandi* of man's descent from his primeval state of happiness to a state of misery which ultimates in death, and, Second, by analogy, at least, to point to the best means of his ultimate restoration.

In our endeavor to accomplish this we must be permitted a wide range. And, if our lecture in some parts appears incomplete and discursive, it must be referred chiefly to two causes. First, the largeness of the subject, and secondly, to the smallness of the speaker.

Of course it will be understood here that we assume that man's fall involved his whole being. And, that we may be better understood in what follows, we will simply state, in general terms, that we conceive man to be a three-fold existence; consisting of the soul or spirit as a whole, the animal spirit, and the corporeal body.

Assuming, also, that man, as to his general organization, is at present the same as in his original state, we will commence our investigation by an attempt to analyze him, or, at least, to institute an inquiry into the elemental nature of his constitution.

The soul, as the highest department of man's being, first claims our attention.

Our only cognizance of the soul is through its attributes, and from these we deduce its various qualities and properties.

In general it seems to be divided into two principal departments — thought and feeling. These of themselves seem to have no positive and determinate power.

Superadded, however, are two peculiar and extraordinary faculties or powers. One especially connected with the thought department we call the understanding, or rational faculty. Its office appears to be to marshal or put into orderly arrangement the various thoughts and ideas of the mind. In other words, it is the faculty that reflects, reasons, and determines results.

The other, the most important, and superincumbent upon, and over all, is denominated the will.

This seems to be *absolute*, so far as a merely *human* faculty or power can be. Its character is entirely executive.

Its office seems to be to preside over all departments of the being; and to set in motion all the springs, and prompt to all the possibilities of action necessary to human welfare. These two powers or faculties constitute the *mind*. And whenever this term is used, let it be understood to refer to the *will* and *understanding* in the totality of their functions. But more than this, for God in investing man with this extraordinary faculty, had not only made it the guiding or determining power for good, but in order still further to individualize him and exalt his personal dignity, had added to it the power of almost unlimited

choice. This, however, as we shall soon see, instead of being used as a means of exaltation, became the chief agent in his subversion and complete abasement.

This power to choose necessarily implied the existence of something, from or between which to choose. For God, in the economy of his creation, has never bestowed a power or faculty, without, at the same time, presenting a proper object or subject for its exercise. But the peculiar exercise of this faculty which most interests us at the present time, is that which constituted a choice between good and evil. As by some means, and for some purpose, such a quality as evil absolutely existed, or by some law was developed into activity. And the first hint of this fact we have in the following passage: "For out of the ground made the Lord God to grow * * * * * the tree of life also in the midst of the garden, and the tree of knowledge of good and *evil*. And the Lord God commanded the man, saying, of every tree of the garden thou mayest freely eat; but of the tree of the knowledge of good and *evil*, thou shalt not eat of it; for in the day that thou eatest thereof, thou shalt surely die." Here we have the first indication of a principle or power antagonistic to the Divine.

And here we have distinctly announced the grand test which was to determine man's happiness or misery. *Obedience*, and continued happiness and bliss. *Disobedience*, and long ages of suffering and misery. Up to this time it is evident that no moral taint, physical disease, nor *evil* of any kind had invaded the integrity of his being. The divine love and wisdom had flowed into willing receptacles, developing and sustaining his affectional nature, and controlling the rational faculty. The will and understanding were in perfect harmony or agreement. No jaring nor dissonance in all the vast domain of his being. All the issues of life flowed on like a deep and placid river.

But now the serpent — which corresponds to selfish love or lust, and was more subtle than any beast of the field — began to be developed, and to exercise an influence upon his affectional nature. And the man, from his distinctive individuality, under the extraordinary activity of his will-power, began to compare himself with beings in the scale above him, and by degrees to

forget his dependence upon the Creator, and to experience in his soul the operation of the principle of self-exaltation.

We have said that it was upon or through this affectional nature that this subtle principle began to operate. For the woman — which corresponds to the will in man — was first seduced. "And he said unto the *woman*, Yea, hath God said, ye shall not eat of every tree of the garden? And the woman said unto the serpent, we may eat of the fruit of the trees of the garden. But of the fruit of the tree which is in the midst of the garden, God hath said ye shall not eat of it, neither shall ye touch it, lest ye die." And what was the response? "Ye shall not surely die; for God doth know that in the day ye eat thereof, then your eyes shall be opened; and ye shall be as gods, knowing good and evil." Mark! not as God but as gods. This word, in the original, having an entirely different signification from that rendered Lord God, or Jehovah. What ingenious subtlety is here manifested in the form of construction of this colloquy! How *like* man's present experience in the subtle combats between the *will* — influenced by the impulses of the perverted affections — and the understanding; when at last it yields and becomes passive to the control of its imperious master?

"And when the woman saw that the tree was good for food, and that it was pleasant, a desire to the eyes, and a tree to be desired to make one wise, she took of the fruit thereof, and did eat, and gave also unto her husband with her, and he did eat." We see from this that the affections were *first* seduced and changed into selfish love or lust, which evidently *ultimated* itself into a *passion* for things which were absolutely forbidden.

To the strong importunities of this passion the will at length yielded its empire. The husband, which corresponds to the understanding, must now be approached. Behold how readily he listens to the charmer. "And she gave also unto her husband with her, and he did eat."

We observe here three distinct steps or stages in the downfall of man.

First, the *subversion* of the affectional nature by a principle or potence which is called the serpent.

Second, the *perversion* of the *will* through the influence of lust, which was the direct product of subverted affections.

Third, the *inversion* of the understanding by the absolute power of the perverted will.

The fatal work being now completed, the will and understanding were not only in disagreement, but there was a constant conflict between them. The understanding exerting its utmost power of ratiocination to rectify its inverted state; while the will, seated on its imperial throne, yielded or not, according to the sway of the feelings or passions or as its caprice for the moment dictated. In proof of this position, I refer each one to his or her own conscious experience. Contemplate for a moment the effect of this change! Then, all was beauty and harmony. Now, all is shame and confusion. Before they had been *clothed* with righteousness and truth. Now they are completely stripped of *all* covering. And the eyes of them both were opened, and they knew that they were naked.

Thus now it is clearly seen that man's original downfall was the *direct* result of disobedience. For on the instant, as if he had been suddenly transferred from total darkness to the most dazzling light, his eyes were opened, and he saw to what a pitiable condition he was reduced. His consciousness was now suddenly awakened to all the terrible consequences of his moral turpitude, and he immediately beheld his own nakedness and utter destitution. Chagrined and mortified, he sought everywhere for a covering and for a place to hide himself. Thus awakened his soul was tortured with ten thousand fears, and he would gladly have become oblivious to his Maker. But it could not be. He must stand up before the august presence and make full answer. Not that all the moral and physical tortures which should ultimately afflict the race were at once visited upon our unfortunate first parents. Probably theirs was *chiefly moral* suffering; although we have good reason to know, that, as a consequence they suffered many physical ills.

But let us see what were the direct results of their disobedience.

"And the Lord God said unto the serpent, *Because* thou hast

done this, thou art cursed above all cattle, and above every beast of the field; upon thy belly shalt thou go, and dust shalt thou eat all the days of thy life; and I will put enmity between thee and the woman and between her seed and thy seed; and it shall bruise thy head and thou shalt bruise his heel."

Every department of the soul is intelligent. Intelligence must therefore be predicated of all its motions and operations. Hence, whether this serpent principle was from without, or was generated from within the soul itself, it was equally appropriate for Jehovah thus to address it.

Because thou hast done this, *Because* thou hast operated upon, enticed, and thus perverted the *will* (or woman), thou art *cursed* above all cattle; upon thy *belly* shalt thou go, and *dust* shalt thou eat.

What *language* could more graphically describe the groveling affections of man? What, more perfectly corresponds to crawling upon the belly and eating dust, than the wallowing propensities of the race as exhibited and represented in the grosser forms of lust manifestation. Surely the simile is complete.

Indeed, we need not look without ourselves to obtain ample evidence of these manifestations. For who has *not* felt these groveling instincts, operating upon, distracting, oppressing and debasing his affectional nature.

What a noble acknowledgment of this truth have we in the case of St. Paul, when he says: "But I see another law in my members, warring against the law of mind, and bringing it into captivity to the law of sin"—or lust—"which is in my members." And again: "For the good that I would do, I do not; but the *evil* which I would not, that I do." And further: "I find then a law, that, when I would do good, *evil* is present with me."

Law then, as here represented, is a *principle* developed into operation. And it may be readily seen that the principle here referred to is precisely the same as that developed into activity in our first parents. And I will put enmity between thee and the woman, and between thy seed—or product—and her seed.

Now enmity when carried to a certain extent generates war. And war in its turn brings devastation and misery. The mind

under the guidance of the conscience until, with the affections it becomes *confirmed* in evil, and therefore past regeneration, *always* resists, in a greater or less degree the enticements of lust.

Hence the woman when met by the serpent with this sarcastic query: "Yea, hath God said, ye shall not eat of every tree of the garden," resisted the insidious attack by repeating the command given by the Almighty.

Hence, also, St. Paul: "So with the *mind* I myself serve the law of God, but with the flesh the law of sin." And this is the warring spoken of above, which resulted from the enmity established between the serpent and the woman.

But it may be objected, that neither of these instances prove the truth of the above proposition to be of universal application.

Let us refer then for proof, directly to the experience of every man, while in an unregenerate state.

How almost every day, yea, almost every hour of life, have you had presented to your mind, for approval, lustful desires; and how have you, whether successfully or unsuccessfully, combated them, solely on the ground of their wicked tendency. Let each answer me truly, and I need go no further for proof of the universality of the truth of my proposition. And "unto the woman he said, I will greatly multiply thy sorrow, &c., and thy desire shall be to thy husband, and he shall rule over thee."

Here, the correspondential relation between the external condition and that of the will under these circumstances, is most beautifully illustrated.

The will is here constantly plied by the lust and urged to put its desires into execution. The understanding with the conscience on the other hand, as constantly holds up before it, as the result of reasoning, the *evidence* of the impropriety and wickedness of yielding to its enticements.

Here then, the will is indeed in a state of distraction, and how greatly are its sorrows multiplied. It is fretted and worried, and subject to unceasing vacillations. It is at its wits' end to know how it shall determine its action; or in other words to bring forth its children. Its throes are, at times, perfectly terrific, as seen in a multitude of instances in the confession of

culprits as to their state of mind just previous to the commission of some heinous crime. Indeed, so terrible have been these labors or parturitions of the mind, that as a result the hair has been known, from a raven hue, to become blanched to the whiteness of snow in the space of a single night.

We have said, that the understanding was inverted by the *absolute* power of the will. This statement in reference to the third and last step in the downfall, may possibly be subject to some modification. Bnt the fact, that at the time there seems to have been no resistance, proves one of two things; either that the woman's power over the man *was absolute*, or that he was entirely unsuspicious and therefore unguarded.

While I am not sure but modern instances, as *well* as ancient, go far to prove the former to have been the case, yet, from the constant efforts of the understanding to rectify itself, I am more inclined to confide in the latter idea.

Were our *discourse* strictly theological, we should long ere this have *attempted* an analysis of the *conscience*. But as we have used theology here not as an end, but as a *means to* an end, we have introduced only such doctrines and principles as were necessary to our purpose.

Suffice it, that *conscience* is that faculty in man that sits as an umpire to determine the right or wrong of all things presented to the mind.

While this has not been discussed to any length as a distinct faculty, nevertheless, it has acted a very important part; and has had and will continue to have, a very decided bearing upon many points in this discussion.

We have also omitted to introduce the great fundamental or cardinal doctrine, that momentary influx of life from the Lord is essential to existence. But this, with many others that may actually be involved, is taken for granted.

Therefore, while we would not wish to be misunderstood, in regard to any of the great and fundamental doctrines that especially refer to and connect us with the future life, yet in order that we may not become too much involved in theoretic speculation it is necessary to consider man in some measure an independent being.

We have now devoted all the space that our limits will allow to the discussion of this part of our subject.

And while we are conscious that the unfathomable mysteries of the Soul's inner being have scarcely been approached, yet we have touched upon and developed, so far as we are able in this short discourse, the more salient and palpable points, in such a manner as we hope will throw a few scattered rays, and shed at least a faint light upon the important subject before us.

Secondly. The material body being the other extreme of this interesting trio, we will next present *it* for consideration.

But as this in all its departments is so familiar to your minds, it needs and demands no discussion at our hands.

We will simply allude to two of its most important components, as they will play an interesting part in our future discourse.

The brain and nervous system as a whole, as the residence of the soul, and the brain alone as the residence of the mind, and the circulatory system as a whole, as containing the blood, in which is generated the *vis vita* or *animal spirit.*

The remainder of the corporeality simply fulfills the external uses indicated by its various functions.

The osseous system, to give uprightness, strength, and stability, a framework for the muscles, and to give them fulcrums, leverage and pully-blocks, etc., etc.

The muscular system, to give flexibility and elasticity, and to execute all external or physical motions.

The secretory and excretory systems; the one to secrete and convey to the various parts of the body the materials for continuing its growth and supplying wastage; the other to excrete and convey away the worn out or devitalized material which is constantly accumulating.

The next, and only remaining division, and which completes man's tri-unity as an external or human being, will now be considered.

We confess that we approach this part of our subject with much of fear and trembling. For we are but too well aware that it is a broad and extended field, full of intricacies and hidden mysteries, deceitful quicksands and morasses of sophistry,

into which many a luckless explorer has found himself floundering ere he had scarcely entered upon his investigation.

This mysterious link which unites the two extremes of our being has been the subject of more deliberate thought, sage reflection, and serious speculation, than has, probably, any other topic connected with our external existence.

Indeed, at this day, an attempt to answer the question; "What constitutes physical life?" forms the chief puzzle of the physiologist as well as the psychological philosopher.

That some principle, law, or substance does thus exist to connect these two departments of our nature, nearly all admit. But of, or in what it consists, there is a great contrariety of opinion.

Some regard it as a simple law, or force, an operation without a substantial medium; and hence it is called "vital force" or "the vital forces of nature."

Others consider it a substantial fluid and name it, "nervo-vital fluid." While some modify this last a little, and call it "the nerve aura."

We will, however, for the sake of what to us seems greater clearness and comprehensibility, call it "*Animal Spirit*," or, Physical Life.

But what is its nature, and of what is it composed? We have said that it was the channel, or medium of intercourse between the soul and outermost, or physical body. If so, it must of necessity be intimately related to both.

Nay, we think it susceptible of partial demonstration, at least, that it is not only intimately related to both, but that it also partakes, in some degree, of their nature and qualities. For how else could the various moral and mental emotions experienced by us, be made to appear so distinctly in the corresponding expressions of the face, and in the various movements and gestures of the body?

These emotions are, most certainly, alone predicable of the soul.

And how can they make their impression on the external without passing through a medium possessing all the gradations of substance, from the soul itself to the most external physical?

If this be so, then it follows that these gradations from the innermost to the outermost must include, substantially, the natures of both. And this appears the more probable from the fact that it seems to have no independent existence after being withdrawn from the body. *That* it has no such existence appears tolerably clear from the inferential, if not direct and positive, evidence contained in the *Word.* Here it receives different names, which are used interchangably.

It is called "the life," "the breath," "the spirit;" and is evidently alluded to in the following, as also in numerous other passages: Job vii, 7—"O remember that my *life* is but wind." Psalms lxxxviii, 3—"And my *life* draweth nigh to the grave." Psalms cxliii, 3—"He hath smitten my *life* to the ground." Also in James iv, 14—"For what is your *life?* It is even a vapor that appeareth for a little time, and then vanishes away." Solomon, referring to this subject in Eccl. iii, 19–21, says: "Who knoweth the spirit of man that goeth upward, and the spirit of the beast that goeth downward to the earth? For that which befalleth the sons of men befalleth beasts; even one thing befalleth them: as the one dieth, so dieth the other; yea, they have all one breath." This last is evidently spoken with reference to the fleeting nature of the *life* or *animal spirit* when it is withdrawn from the body.

But you will here object, if the *life* or animal spirit be an actual entity, how can it become a nonentity on leaving the body? To *attempt* even to answer this it will be necessary to institute another very interesting and important inquiry.

If this animal spirit actually exists, in what particular part or portion of the body is it generated, or does it reside?

Here the "*Good Book,*"— from which, after all, most of our wisdom is derived — comes to our relief. For, says Moses (Lev. xvii chap. 9.) "The life of the flesh is in the blood." And, also, the same idea (Deut. xii chap.), with a slightly different form of expression. "Only be sure that thou eat not the blood, for the blood is the *life,* and thou mayest not eat the *life* with the flesh."

If the *life* then dwells in the blood, is it strange that physiologists, pathologists, and chemists should have spent so much

time in searching for its more intimate constituent elements? Is it strange that, after analyzing it as to its grosser constituents, they should still remain unsatisfied? Should still insist that there yet remained some traces of other elements, so fleeting in their nature that they were unable to arrest them, even for an instant, by the most minute and delicate experimental tests? And, *finally*, is it strange that by all their experimental investigations in this direction, they should have furnished the profession with so little of that knowledge for which they had labored so indefatigably, and which is so essential to diagnosis, and to the treatment and cure of disease?

Says a distinguished writer on this subject, "There is a certain fluid of the highest degree of purity, called by some the 'animal spirit,' which enters into the red blood as its principal substance, and which constitutes its vital essence.

"There likewise appertains to the red blood, in different proportions, numerous salts, which enter into the composition of its parts. Whence the blood exists as a compounded liquor, and is the ultimate fluid which discharges the functions of the soul in the animal kingdom."

Also, that "there are three universal essences of the body — the soul, the animal spirit, and the red blood; and the same number of determinations, fibres, or vessels, out of which our animated bodies are fashioned organically, and put together. One essence, principally, derives its being and its possibilities from another more universal and higher than itself; hence the animal spirit derives its character and its capability of living and acting, as it does, from its soul; but the blood from the spirit, which spirit is thus the medium by which the soul is enabled to enter the depths of the blood, and by the blood to be infused into every part. But in order for this spirit to exist, choice dainties must be imbibed from the celestial auras, and the nectar of the ethers must be drank; in other words, volatile chyles must be attracted, and carried by the purest vessels, all the way to the little factories, where, by a high process, the spirits are elaborated. Hence the origin of the spirits, like that of the blood, is by means of aliments converted into chyle; except that in the latter case the process is performed in chem-

ical vessels of a different construction, as the stomach, the intestines, the liver, and the other viscera.

"Consequently an analogous conception, generation and nutrition, is appointed for both — for the spirit as well as the blood — but for the one, from invisible or etherial elements, sucked in by the innumerable little mouths of the skin; for the other, from visible food, taken from the earth's three kingdoms by the one mouth of the lips. The spirit, thus conceived, generated, and nourished, is instantly poured forth by its cortical glands into the fibres with which they are connected, into the medullary fibres in the brain, and into the nervous fibres in the body."

From this it appears that while the animal spirit is generated in the blood, its composition is vastly superior to it. That while it is the purest and highest form of material substance, and approaches the confines of absolute spirituality, yet it is greatly inferior in composition and quality to the soul itself.

That it is elaborated out of the most delicate auras, and etherial substances, attracted to, and drawn into the body through mouths opening upon all the surface, and formed by a digestive process into spirit, chyle, and carried by appropriate vessels to its proper destination.

And also, as before stated, that it forms the connecting link, and is the medium of communication between the soul and the body.

It is approachable by certain substances; and among them magnetism is the most remarkable, and can evidently come into most intimate relation with it both for good and evil.

Even the cruder and terrestrial acts upon it to a considerable degree, but the more refined animal magnetism produces the most extraordinary effects. This being under the control of the soul of the operator, is made to influence the subject in such a degree, as to completely suspend the power of voluntary motion, and to cut off all consciousness of external individual existence, not only, but all knowledge of external things, except in so far as the operator wills.

Here we see that the soul and body are virtually separated by a power foreign to themselves. And as a consequence we are obliged to infer that their uniting substance, or medium, is

the part which is acted upon by the operator and through which he, instead of the soul, controls the body of the subject.

The circulatory system commences at the heart and ramifies into every portion of the body. The blood is therefore conveyed even to the ultimates of its minutest fibres.

The animal spirit is being constantly generated in the blood, and becomes perfected in the extreme capillaries, in which the purest and most etherial portions of the blood constantly circulate.

The nervous system originates in the brain and ramifies into every portion of the body co-ordinately with the circulatory system.

The soul occupies the brain and nervous system, and therefore extends to its ultimate extremities, where it meets and takes on the animal spirit as a sort of external covering; the more delicate and *most* spiritual portions coming into immediate contact with it, and the less delicate into immediate contact with the physical body, thus forming a most delicate medium and comprising every possible gradation of substance, between the two extremes of our being.

It is this physico-spiritual covering or investure which in cases of trance, holds the soul in rapport with the body, while it, the soul, makes excursions into the spirit land.

But as the blood is seen to play so important a part, and to hold such an exalted position in the economies of life, and also as it will be necessary to consider it in its relation to the origin of disease, it will not be improper here, to introduce a general analysis of its substance; as well also, to give a single reason by way of parenthesis, why it produces one certain peculiarity.

Says Lancisi, an eminent microscopical observer, "experiments demonstrate, that the blood consists principally of two parts, namely, of serum, which is mostly limpid in healthy subjects, and of extremely minute globules from which the general mass of this fluid derives its redness, whether it be in circulation, or intercepted in any part of the system."

Four principal things are to be observed as to the nature, and general composition of the blood. 1st. Innumerable globules of a red color, which appear to be mixed up with the serum. 2d

Each globule is almost spherical, and is perfectly distinct in itself. 3d. These globules possess greater specific gravity than the serum. 4th. That the degree of redness in the color of the blood depends upon the relative closeness in which the globules are held in connection with the serum.

It may be said, therefore, in general terms that the blood is the only receptacle of, and vehicle through which, every particle of material which goes to form the physical body is conveyed to its appropriate destination.

But to recur to the question of the objector. If the life or animal spirit be an actual entity, how can it become a non-entity on leaving or being withdrawn from the body?

We think we are clearly able to infer from what has been said, that the life or animal spirit is not soul-spirit, but is a product of the soul, acting immediately from the Lord, upon material substances of the most delicate and refined character.

That the continuance of the physical body also results from the soul acting upon material substance of a grosser character, through the medium of the "animal spirit." And we hazard these inferences despite *any* theory in regard to the form or manner of the original creation of man.

It thus appears that the soul is the prime agent in all that appertains to the external life, and to the active existence of the body.

That the body, in its continuance, is but an outbirth from the soul, and is subservient to it in all external uses.

That the Animal Spirit is the convenient medium through which the soul is enabled to act upon the external body for the accomplishment of such uses.

We know from actual observation that whenever the soul is separated from the body, it, the body, immediately dies and is resolved into its original elements. And from the nature and constitution of the animal spirit, we draw the inference, that its grosser elements, or those that approach and most nearly assimilate to the physical, and which corresponds to the *life* of animals, go with it downward to the earth. And that the purer and *most spiritual* remains with and becomes sufficiently assimilated to the soul to form its ultimate or resurrection body. This

then is *our* answer to the question. If then the soul or spirit of man acts upon and through the animal spirit and thence upon the body, may not other spirits or spirit influences also, upon certain conditions or under certain circumstances, act upon and through the same channel?

It will be conceded by all, that the spirit of the Lord does thus act upon and through us, and that angels and the spirits of just men, in ancient times at least, were often sent to act upon men in the body.

If then good spirits and good spiritual influences may act upon and through us freely, may not also evil spirits or their influences act upon us with equal freedom. Let us endeavor to make this apparent by citing well known analagous facts.

The psychologist by the power of his spirit acts upon and infuses himself into another who is in a negative state, to such a degree that he obtains complete possession of the soul and through it acts upon the external organism, producing upon *it* almost any *motion* or *action* he wills, not only, but makes such impressions upon the senses also as he desires; causing the subject to experience the most acute pains, or sensations of the most exquisite pleasure according as he wills it.

Now if the spirit of an individual man in the body can produce such powerful effects upon another, without the intervention of the corporeal, may not also the spirit out of the body under favorable conditions produce a similar effect? We know also that he may not only produce *such* effects, but these effects to a certain degree, may become permanent. For instance, the subject may be laboring under the most painful effects of disease which may be not only temporarily relieved, but permanently removed, by the psychological efforts of the operator. Instances of this kind are so common that it is not necessary to specify cases. They are of almost every day record. But this psychologic effect can be produced upon the patient or subject, only through the agency of some active living spirit *en rapport* with him.

This power may be exerted both for good and evil, according to the will of the operator, and may induce a state that shall result in serious disease.

But we need not enlarge upon this by citing cases, as we have evidence resting on still higher authority of direct malign spiritual influences producing the most dire diseases. We may, among others, refer to the case of Mary Magdalen, the man who cut himself among the tombs, he who had a dumb spirit, &c.

We see from these that evil spirits may possess or rather obcess the spirit of man, so as to produce the most serious bodily ills. The fall of man being the consequence of *disobedience*, and disobedience being predicated of the will controling all other faculties and powers of the being, all these operations being spiritual, all the evils and miseries of life being the direct consequence of the fall, and disease being one of the chief of evils, we think we are safe in concluding that it is of spiritual origin.

If then disease *is* of spiritual origin, must it be predicated of a general malign spirit essence, or of individual spirits? We know from instances already referred to in the Word that it may come from the direct influence of individual evil spirits; but whether it may *besides* this, come from a general fountain of evil *influences* may be a legitimate subject of inquiry.

Now, having deduced by legitimate inference at least, that disease is of a spiritual origin, let us enter into a brief inquiry as to its nature.

Its *general* nature can be best known by its effects. And by *these* we know its character is malign. But *what* do we know of its specific qualities or properties.

We have said that the soul *in* the body has the power to act through the medium of the animal spirit in the blood, upon certain pure and etherialized essences in such a manner as to elaborate and continue animal life.

If so, may it not, under other circumstances, take in and elaborate *malign* essences emanating from impure spiritual fountains, so as to produce a disease which might destroy that life? But you answer, *surely* the soul would not permit the destruction of the life which it labors constantly to maintain in continuity. *Surely*, I answer, men do commit suicide, with visible and tangible weapons, while in certain states of mind.

Now may not a similar condition be favorable to the generation of *disease* which might be equally fatal?

But let us inquire, what does disease do, and what are its ultimate results?

We answer, that it does what its name most clearly implies. It renders us more or less uneasy and uncomfortable, not only, but it produces every degree of pain and misery from the slightest twinge to the most excruciating and unbearable torture, and finally ultimates in the death of the body, by forcing the soul to abandon it.

But how does it do all this? Are these results produced by direct action upon the physical body?

We have seen that the physical body has no life in itself; for at first it is represented as inert clay, until acted upon by the living breath of God it was infilled with a soul, and hence became a living being. We know it also from the fact that when the spirit leaves the body it becomes a mass of inanimate matter. We infer, therefore, that disease can not act directly upon it.

The soul, also, on the other hand, being indestructible and not therefore subject unto death, can not become the ultimate seat of disease in the body, although its various faculties may become seriously disturbed by the transmission of disease-producing influences to the point of final attack.

We are then forced to infer that the animal spirit is the ultimate seat of disease. And this appears the more reasonable from the fact, that it being the intermediate or connecting link between the soul and the body, must be severed before the legitimate work of disease, the death of the material body, can be accomplished.

Admitting then that disease is of spiritual origin, and that the animal spirit is the ultimate point of attack, are we also to infer that it is *only* through the activity of some malign, spiritual agent that the integrity of the life is invaded? This question is worthy of profound consideration. But our time nor your patience will allow us at this time to pursue it further, except perhaps to make a single suggestion.

You, however, have a ready answer to my question. I will

anticipate it. You object that external and natural causes, such as poisons inhaled or otherwise introduced into the system, do often produce the most violent affections which may ultimate in death.

But are you sure that these external forms of evil use are not presided over by malign spirits and that they use them as vehicles through which to approach the life?

Are not external forms of use whether good or evil, the outbirths or tangible expressions of internal or spiritual forms? God created all things primarily out of himself and pronounced them very good. God is in Himself pure spirit essence. Therefore if he created all things at first out of himself, all things at first must have had spirit forms. Nothing external can be formed by man without first being conceived in the mind. And this coneeption is readily seen to be spiritual.

If so in man, how much more so in the *absolute* creations of the divine.

Again, may not *all* drugs owe their varied destructive qualities to various malign spiritual influences exercised upon and through them?

Who can tell me why arsenious or hydrocyanic acid will destroy life more readily than chalk or magnesia? Or who can tell from its physical qualities why the vomica nut should be more virulent in its action upon the human economy than the filbert or any other harmless nut.

If then we are correct in our inferences as to the origin and nature of disease, does it not open to us a *delightful* as well as *important* field of investigation in reference to the *philosophy* of drug cures? Does it not explain in a great measure, or at least point directly to the rationale of the operation of attenuated or potentized drugs? Yea, may we not believe that in these highly attenuated forms they become by assimilation, still *more* convenient vehicles through which their presiding genii may enter into relation with the animal life in such a manner as to counteract the baneful effects of similar destructive powers and thus accomplish their wonderful cures? For we know that two similar and equal forces acting upon each other are neutralized and thus destroyed.

These appear to be pertinent questions; and did time permit it would be our pleasure to discuss them at length.

In conclusion, then, if disease is from malign spiritual influences, acting upon us through the soul and thence upon the animal spirit in the blood, what are the best means at our command to prevent it and to restore the race to its pristine condition?

We answer: First, have the soul pure through the operation of a truly regenerating process. Second, since the blood is the residence of the animal spirit, and the matrix in which it is generated and is also composed of the elementary principles by which we are nourished, it is of the utmost importance that our food should be composed of those substances whose qualities and properties are of the purest character, and contain such elements as will furnish in perfection all the material *necessary* to the sustenance and growth of the material body, not only, but thirdly, the body itself should be kept in such a condition, particularly the external surfaces, that the etherial substances which are drawn in through the minute openings or mouths may not be obstructed, so that the animal spirit also, may have ample materials from which its substance may be elaborated in the highest possible state of perfection.

And in the culmination of *moral* and *physical* science, may we not anticipate a period in *human* existence when man in his three-fold *nature* will appear perfectly regenerated, bearing *as* at first the *image* of his *God*.

III.

REPORT OF THE CENTRAL BUREAU

FOR THE

AUGMENTATION AND IMPROVEMENT

OF THE

MATERIA MEDICA.

The undersigned, members of the Central Bureau of Materia Medica, respectfully report:

That, in view of the importance of more extended efforts for improvement and augmentation of the Materia Medica, which is the only object for the advancement of which they are appointed, they consider it advisable for the American Institute of Homœopathy to amend the Ninth By-Law, by making the following addition to it: "And it shall be the duty of each member of this Bureau to select a certain medicine which he will prove, and the symptoms of which he will arrange, indicating the number of provers by which each is verified." They, therefore, respectfully recommend the adoption of this or a similar amendment. And for the purpose of assisting the members of the Bureau in the performance of this duty, they would advise the passage of a standing resolution, requesting all members of the Institute to send to the members of the Bureau any provings they may have of the medicines under consideration.

Although the subject of provings has been so ably reported upon by a former member of this Bureau, it is very much to be regretted that many of the reported provings are so imperfect

as to be nearly useless. They exhibit great carelessness in describing and locating symptoms, and there is very frequently no effort to note attending circumstances. Such "*provings*" prove nothing more conclusively than ignorance of the teachings of Hahnemann and the suggestions of his followers in relation of provings, or an entire disregard of those teachings and an absence of that faculty of close observation which is indispensable to the correct proving and successful use of medicine.

We would urge upon all those who undertake to prove any medicine, a careful perusal of Hahnemann's directions as to the manner of making such experiments; they may be found in the Organon in paragraphs 121 to 142 inclusive.

We consider it desirable, that the age, sex, temperament and individual peculiarities of the prover should be mentioned.

The name of the medicine, the potence, the dose, the mode of taking it, whether dry or in water, and the time of day at which it is taken, should be clearly stated.

It is very important that each symptom be written down carefully at, or as near as possible to, the time, and in the order of its occurrence; and the time at which it occurs noted.

That the location of each symptom be given with precision, and that the symptom be described with minuteness in every respect.

That each symptom, with all its attending circumstances and concomitants, be written in a separate paragraph and numbered, that it may be more easily referred to in studying the character of the medicine and in arranging the symptoms systematically.

If the prover feels doubtful whether any symptom is the effect of the medicine, he should affix to it a note of interrogation within brackets, thus: (?)

The reasons for these directions are obvious, and it is not necessary to occupy the time of the Institute with a more minute consideration of them.

We would advise, in conclusion, that each prover who makes use of potencies in proving should make the first trial with high potencies, afterwards, if necessary in his particular case, proceeding to the lower dilations and trituration, and even taking

the crude substance or tincture if satisfactory results are not obtained with the attenuations.

BENJ. F. JOSLIN, M. D., Chairman.
EDWARD BAYARD, "
WM. E. PAYNE, "
M. J. RHEES, "

MINORITY REPORT.

Dr. Hempel agrees with the Report of the Committee except in the matter of proving drugs with the attenuated substance. Dr. Hempel has never been able to elicit any reliable symptoms by means of the middle or higher potencies, unless the organism had been previously saturated with massive doses of the original drug. Dr. Hempel admits that in exceptional cases, by organisms endowed with peculiar idiosyncratic susceptibilities to medical action, symptoms may be elicited by the higher potencies; but he considers it unreliable to commence the proving with these potencies. All the splendid provings of the original provers of the Materia Medica and of the Austrian Provers' Union, of the Provers' Society of Prague, and of any other provers' society whose provings are accepted with universal acclaim and confidence, have been instituted with massive doses of the strongest preparations of the drug; the higher or middle potencies were invariably tried after the former. Dr. Hempel deeply regrets that the proving with high potencies is to be made a normal standard for provers. If there is to be any legislation on the subject, he would propose that all such provings be rejected rather than encouraged; he is convinced in his deepest soul that it is owing to the incorporation of such provings in our Materia Medica that all the confusion and uncertainties with which it is now tainted, are presenting immense and almost insuperable difficulties to the inexperienced student of our science.

CHARLES J. HEMPEL, M. D.

PROVINGS OF RUMEX CRISPUS.

(1.)

BY EDWARD BAYARD, M. D., NEW YORK.

Dec. 24, 1850. Took Rumex ^{30} in the evening, 8:40.

1. In 40 minutes the anterior part of the tongue felt dry and hot.

2. After 10 minutes more, sensation of heat over the body, especially in the cheeks; itching on the back of the hands.

3. In one hour more, soreness of the right edge of the tongue; pain in the right side about the lower rib, being like a bruised sensation; pain on the right side of the forehead in the region of causality.

25th, evening. 4. A feeling in the rectum as if a rough stick was forced up, painful on walking.

26th. 5. In the morning, looseness of bowels, with colic some time before their movement; stool of brown color.

6. Flushing of the face in the evening, with pulsations over the body; pulse 80.

28th. 7. In the evening, nausea, relieved by eructation, with sensation of fullness in the abdomen as if diarrhea was forming; restless.

29th. 8. A sharp pain in the fore part of the head in the open air.

9. After meals flatulency.

30th. 10. Feeling of dryness of the anterior part of the tongue, with a feeling in the stomach of repletion, and as if one had eaten spice.

31st. 11. Depression, as if some evil was impending.

Jan. 1st. 12. Sensitive to the open air; all the symptoms of Rumex aggravated.

13. Went to bed with a sense of great weariness, nausea, fullness of the stomach with eructations with the taste of what had been eaten; with sensation of fullness of abdomen.

2d. 14. Movement of the bowels in the morning; watery, and of brown color.

15. Great languor; pulse 96; pain in the head on movement; chill down the back on motion; tongue coated yellow, with pain wandering over the belly; heavy drowsiness, with sleep and desire to lie down.

16. During the day face felt hot and pulsated, and the feet had a sense of coldness.

17. Towards evening, an aching pain, commencing in the right side of the umbilicus; went to sleep.

18. In the night woke with a pain all over the abdomen; it was excessively painful.

3d. 19. Afternoon, a dull aching pain in the occiput, which comes and goes.

4th. 20. Sensation of excoriation at edges of the tongue, which is sore when touched by the teeth, with a feeling as if the anterior part of the tongue had been scalded; an eruption on the vermillion border of the lower lip.

21. Palpitation of the heart after supper, and after conversation.

8th. 22. Sore throat on the left side on swallowing.

23. In the afternoon, constant chill on motion, running up and down the back and down the calves of the legs.

9th. 24. Headache in the region of causality; tongue coated yellow; sore throat on the left side during empty deglutition.

The late Dr. Wallace gave me the following symptoms after taking Rumex:

Pain in the abdomen, about the seventh rib, on the right side; a gone feeling and a weakness on each side of the umbilicus; the pains in the afternoon about five o'clock.

(2.)

BY B. F. BOWERS, M. D., NEW YORK.

Tuesday, Nov. 26, 1850. Took a few pellets of *Rumex Crispus.*[12]

10 P. M. 1. Awoke the next morning with pain in the bowels; relieved by the emission of flatus.

2. Pain a little below and anterior to the nipple, most frequently on the right side of the chest.

3. Pain in the larynx, mostly on the left side.

4. Rumbling in the bowels, and eructation of wind.

5. Burning in the palms of the hands at evening.

6. Itching in the anus.

7. Headache, with coryza.

8. Hawking up mucus from the larynx.

Tuesday, Dec. 3, 9 P. M. Took Rumex,[12] six pellets.

9. In three minutes itching in the left upper eyelid, and in both groins and various parts of the trunk, limbs, face and neck. In seven minutes afterwards, eructation of wind; in twelve, hacking cough. No. 5 repeated.

10. Ringing in the ears.

11. Dream (of stealing a horse) of crime and trouble at night.

12. Flatulency in the morning on waking, with emission of flatus and sensation as if the tongue and mouth were burnt.

Dec. 24, 8:40 P. M. Took Rumex.[30]

13. Eructation and sensation of distension in the stomach.

14. Sensation of heat in the left cheek.

15. Pain in left side of chest.

16. Itching and stinging itching.

17. Sensation of breathlessness, as if the air did not penetrate the chest, or like what is felt when falling or passing very rapidly through the air.

18. The feeling of distension of the stomach subsides with motion of wind in the bowels.

19. Pain in the top of larynx.

20. Pain in right little toe, especially in corn on outside of it.

21. Sneezing.

22. Motion of the intestines with emission of wind; all these before 9:36.

23. Yawning.

24. Pain in right wrist, ulnar half; 10 repeated.

25. Stinging itching in various parts.

26. Eructation, empty.

On another day, at 9:20 P. M., took Rumex.[12]

27. In first half hour felt vertigo, pain above umbilicus, borborygmus, eructation, yawning, secretion of mucus in the larynx removed by hawking, flow of saliva.

28. At 10:20 pain over right eyebrow.

29. At 10:23 hiccough, pain in left temple, itching in the left side of the face in the whiskers.

30. At 10:30, yawning with rumbling in the bowels.

31. At 10:35, pain over right eye-brow, with sensation of stoppage in left ear. At 10:37, burning in palms (No. 5 repeated).

32. At 10:40, itching in face andr ight ear, movement of bowels as if an evacuation would occur, pain in larynx.

(3.)

BY M. J. RHEES, M. D.

of Mount Holly, N. J., age 34 years, small in stature, with well knit frame, good constitution, complexion neither light or dark, hair very dark brown, beard black, eyes deep blue. Unimaginative and cautious.

FIRST TRIAL.

Oct. 1, 1858, 11 P. M. Took one drop of the tincture, after having mixed it with one ounce of water, by giving it one hundred strong succussions with the right arm.

1. Sensation across the forehead as if the brain were loose when moving the head, and as if it were bruised; this symptom

commenced in two minutes after the dose and continued until after breakfast next morning.

2. Slight numbness and crawling sensation in the left arm, after lying down in bed; after two hours.

Oct. 2, 8:30 A. M. *Second* dose; one drop of tc. prepared with water same as first.

3. Grumbling, stinging toothache in the right superior molars, while riding in a cold wind; attended with a dull aching in the forehead; after three hours.

4. Sharp pain, piercing, in the left side of the head, for a short time; after three hours.

5. Dull pain and sensation of fullness as if from flatus, in the left side of the abdomen about midway between the umbilicus and the crest of the ilium, while riding; after three and half hours; continued two hours.

6. Rending in the anterior part of both ancle joints, running down the insteps, apparently in the ligaments; after four hours.

7. Gnawing pain in the internal condyle of the left humerus; this symptom was felt alternately with number six several times, after which was felt—

8. Aching and heaviness with crawling sensation all through the inferior extremities; after four hours, while riding.

9. Burning, tingling pain (similar to itching) below, and to the right of the left nipple; six hours.

10. Copious discharge of colorless urine; after eight hours.

Oct. 2, 7:30 P. M. *Third* dose; same as first.

11. Sensation of distension in the scrobiculus cordis, with eructation of much tasteless flatus; after quarter hour.

12. Heaviness in the calf of the right leg, as if the flesh would fall from the bones; quarter hour.

13. Dull aching in both elbows.

14. Feeling of languor and universal heaviness, with fullness in the head and chest; after half hour.

15. Crawling, tingling sensation in the inferior extremities; half hour.

16. Dull aching pain low in the occiput; after one hour.

17. Dull aching pain in the left temple; after one hour.

18. Aching and pressure in the top of the head; after one hour.

19. Boring pain just behind the base of the left ear; after two hours.

20. Fullness and aching through the front part of the head and temples; after three hours.

Oct. 3, 9 A. M. *Fourth* dose; same as first.

21. Aching pain in the right hip joint while walking, producing slight lameness; thirteen hours after last dose; followed by

22. Burning pain on a small spot near the top of the right sacro-iliac symphysis.

23. Burning stinging pain in the whole left side of the chest, suddenly, when taking a deep inspiration, while in the act of lying down in bed at night; after fourteen hours.

24. Rending aching pain in the flexure of the left knee, while standing; twenty-four hours.

Oct. 4, 10 P. M. *Fifth* dose, R gtt. x in Aqua ℥j; 100 succussions.

25. Stinging burning pain in the back, just below the inferior angle of the left scapula; after one hour; followed and accompanied by

26. Stinging almost itching pain in the left side of the chest, just below the nipple; attended by heavy throbbing in the ears, synchronous with the pulsations of the heart.

27. Dryness of the mouth and tongue at night.

28. Sensation in the bowels and rectum as if diarrhea would ensue; after twenty-two hours; continued two or three hours.

Oct. 5, 11 P. M. *Sixth* dose; same as last.

29. Sensation as if a lump or ball were sticking fast in the throat, which is not relieved by hawking or swallowing; after half hour.

30. Restlessness and discomfort in bed at night; the position must be frequently changed.

31. Burning pain in the left side of the chest, just below the nipple; worse when taking a deep inspiration.

32. Throbbing through the whole body; after fifteen hours.

33. Sensation of great dryness in the nose, the whole day and night.

34. Itching in the flexures of the elbows, and at the same time, to the left of the sternum, just over the fifth rib; after twenty hours.

35. Aching pain in the back, under and below the apex of the left scapula.

36. Feeling of dryness in the posterior nares.

Oct. 6, 10 P. M. *Seventh* dose; same as last.

37. Drawing pain, almost a cramp, in the calf of the right leg; 10 minutes after last dose; continued half an hour.

38. Sensation in the left chest as if the heart suddenly ceased beating; followed by a heavy throbbing through the chest; this symptom has been felt several times since the beginning of this proving.

39. Complete loss of sexual desire for several days.

40. Aching between the scapulæ while standing.

41. Stinging burning pain in the back, between the scapulæ, attended by a constant desire to take deep inspirations, with a sensation of dry heat in the middle of the chest.

42. Deep inspirations are attended by a heavy dull pain in the region of the heart.

43. Stinging pain on the inner side of the right upper arm.

44. Sensation as if the ears were obstructed, especially the left one; the prover's own voice (as well as the voices of others) sounds strangely to him, producing a kind of titillation in the ear and having a peculiar ringing, confusing sound, and yet the sense of hearing is as acute as ever; this symptom began six hours after the last dose, and continued eighteen hours.

Oct. 7, 10 P. M. *Eighth* dose; gtt. xx. in Aqua ℥j; 100 succussions.

Oct. 8, 10 P. M. Symptom 44 still continues, but not to so great a degree; attended by slight ringing in the ears.

Oct. 9. 45. Constant roaring in the left ear, as if a conch shell were held before it; the whole day; attended by a feeling

as if a fine thread were tied tightly around the neck just below the ears. The roaring is not relieved by pressing the finger into the ear.

Oct. 20. Symptom No. 45 continued for a week and then gradually disappeared.

SECOND TRIAL.

With sixth dilution.

Nov. 22, 1858. Took gtt. *v* in Aq. ℥j, 100 succussions, at 10 P. M.

1. Dull, bruised feeling in the forehead, most severe in the right side of the forehead, worse when moving the head, when it feels as if the brain were loose after a few minutes.

Nov. 23. No. 1 continued until this morning, when it was worse than last evening.

2. Severe stinging pain in the region of the heart, extending through the chest to the apex of the left scapula, with a frequent desire to take a deep inspiration, which increases the pain. In the afternoon for two or three hours.

Nov. 23, 10:30 P. M. *Second* dose, gtt. x in Aq. ℥j, 100 succussions.

3. Sensation in the bowels as if diarrhea would ensue, with aching pain in the rectum, one hour after second dose.

Nov. 24. 4. Dull aching pain in the right molars, both upper and lower, which is entirely relieved after eating dinner.

5. Pungent drawing pain in the left side of the occiput, with a similar pain in the left nostril, and a feeling as if coryza would ensue. Eighteen hours after second dose.

6. Violent irritation to cough in the larynx, while eating; observed at three meals.

7. Much tough mucus in the larynx, with a constant desire to hawk and raise it, but without relief; worse at night, but has been troublesome all day.

Nov. 24, 11 P. M. *Third* dose, gtt. xv in Aq. ℥jj, 100 succussions.

Nov. 25. 8. Dull headache and slight bruised feeling in the forehead nearly all day.

9. Sensation in the bowels as if diarrhea would ensue, with aching in the rectum.

Nov. 25, 11 P. M. *Fourth* dose, gtt. xx in Aq. ℥j, 100 succussions.

10. Headache in forehead, increased soon after taking the last dose, connected with a pungent tingling sensation in the occiput, where phrenologists locate philoprogenitiveness.

11. Tingling, crawling sensation in the inferior extremities; after one-half hour.

Nov. 26. 12. Griping pain in the bowels below the umbilicus, which is partially relieved by discharge of very offensive flatus; after breakfast.

13. Aching sensation in the throat, as if a lump were sticking in the gullet; after twenty hours.

14. Dull pain in the region of the heart; attended by

15. Dull pain and heaviness in the left upper arm and particularly in the elbow.

16. Sensation as if a thread were tied tightly around the neck just below the ears, with a slight roaring in the ears; twenty hours after last dose.

17. Frequent, forcible eructation of tasteless flatus (in the evening).

18. Aching in the pharynx and collection of tough mucus in the fauces; with a slight irritation to cough; in the evening.

Nov. 26, 11 P. M. *Fifth* dose; same as last.

19. Prickling itching on the buttocks while exposed to the air, during an evacuation from the bowels.

20. Dull headache in the forehead with heat and redness of the face; after singing; in the evening.

Nov. 27, 10 P. M. *Sixth* dose; same as fourth. Shortly after the above dose, symptom No. 20, was entirely relieved.

Nov. 28. No. 19 was repeated to-day.

21. Much tough mucus in the fauces, which is very difficult to eject.

22. Raw pain in the chest just under each clavicle, while hawking mucus out of the throat.

23. Raw, stinging pain a little to the left of the longitudinal center of the sternum which obstructs deep inspiration; at night.

Nov. 29. 24. Dull pain in the left side near the back, just above the last true rib, after lying down at night.

Nov. 30. No. 24 was repeated on going to bed last night.

25. Very restless, uncomfortable night.

26. Sleep full of troublesome dreams.

27. Dec. 1. Unrefreshed in the morning.

28. Burning stinging pain in the left side near the heart; came on soon after lying down in bed; gradually moved up into the great pectoral muscle, about two inches above and to the left of the nipple, and continued for a long time; increased by a deep inspiration and by lying on the back or the right side; relieved by lying on the left side.

29. Severe dull aching in the right molars; relieved by rinsing the mouth with cold water.

30. Itching on the buttocks before and after getting into bed.

31. Itching on the calves of the legs last night and this morning.

32. Uncomfortable night; sleep full of dreams and unrefreshing. No. 19 was repeated to-day.

Dec. 7. Uncomfortable nights continued until the 6th inst. Last night was a good one. Sexual desire diminished throughout the trial.

SYMPTOMS ARRANGED.

HEAD. 1.—Sensation across the forehead as if the brain were loose when moving the head, and as if it were bruised; after two minutes. tc.

2 Sharp piercing pain in the left side of the head, of short duration. tc.

3. Sensation of fullness in head and chest, with general languor and heaviness. tc.

4. Dull aching pain low in the occiput. tc.

5. Dull aching pain in the left temple. tc.

6. Aching and pressure on the top of the head. tc

7. Boring pain just behind the base of the left ear. tc.

8. Fullness and aching through the front part of the head and temples. tc.

9. Dull bruised feeling in the forehead most severe in the right side of the forehead, worse when moving the head, when it feels as if the brain were loose. 6 dil.

10. Pungent drawing pain in the left side of the occiput, with a similar pain in the left nostril and a feeling as if coryza would ensue. 6 dil.

11. Dull headache and slight bruised feeling in the forehead nearly all day. 6 dil.

12. Headache in the forehead connected with a pungent tingling sensation in the occiput, where phrenologists locate philoprogenitiveness. 6 dil.

13. Dull headache in the forehead with heat and redness in the face; after singing. 6 dil.

EARS.—14. Sensation as if the ears were obstructed, especially the left one. The prover's own voice (as well as the voices of others), sounds strangely to him, producing a kind of titillation in the ear, and having a peculiar, ringing, confusing sound; and yet the sense of hearing is as acute as ever. Attended with slight ringing in the ears. tc.

15. Constant roaring in the left ear, as if a conch shell were held before it; the whole day; attended by a feeling as if a fine thread were tied tightly around the neck just below the ears. The roaring is not relieved by pressing the finger into the ear. tc.

16. Slight roaring in the ears with a sensation as if a thread were tied tightly around the neck just below the ears. 6 dil.

NOSE.—17. Sensation of great dryness in the nose, day and night. tc.

18. Feeling of dryness in the posterior nares. tc.

FACE.—19. Heat and redness of the face, with dull headache in the forehead; after singing, in the evening. 6 dil.

TEETH.—20. Grumbling, stinging toothache, in the right superior molars, while riding in a cold wind; attended with a dull aching in the forehead. tc.

21. Dull aching pain in the right molars, both upper and lower; entirely relieved by eating dinner. 6 dil.

22. Severe dull aching in the right molars; relieved by rinsing the mouth with cold water. 6 dil.

MOUTH.—23. Dryness of the mouth and tongue at night. tc.

PHARYNX.—24. Sensation as if a lump or ball were sticking fast in the throat, which is not relieved by hawking or swallowing. tc.

25. Aching sensation in the throat as if a lump were sticking fast in the œsophagus. 6 dil.

26. Aching in the pharynx and collection of tough mucus in the fauces, with a slight irritation to cough, in the evening. 6 dil.

27. Much tough mucus in the fauces which is very difficult to eject. 6. dil.

GASTRIC SYMPTOMS.—28. Frequent, forcible eructation of tasteless flatus; in the evening. 6 dil.

29. Sensation of distension in the scrobiculus cordis, with eructation of much tasteless flatus; in the evening. 6 dil.

ABDOMEN.—30. Dull pain and sensation of fullness as if from flatus in the left side of the abdomen, about midway between the umbilicus and the crest of the ilium; while riding. tc.

31. Griping pain in the bowels below the umbilicus, which is partially relieved by discharge of very offensive flatus; after breakfast. 6 dil.

STOOL.—32. Sensation in the bowels as if diarrhea would ensue, with aching pain in the rectum (twice). 6 dil.

33. Sensation in the bowels and rectum as if diarrhea would ensue. tc.

34. URINE.—Copious discharge of colorless urine, in the afternoon. tc.

GENITALS.—35. Complete loss of sexual desire for several days. tc.

36. Sexual desire diminished for many days. 6 dil.

LARYNX.—37. Much tough mucus in the larynx, with a constant desire to hawk and raise it, but without relief; worse at night. 6 dil.

38. Violent irritation in the larynx to cough while eating; observed at three meals. 6 dil.

CHEST.—39. Burning, tingling pain (similar to itching) below, and to the right of, the left nipple. tc.

40. Fullness in the chest and head, with languor and universal heaviness. tc.

41. Burning stinging pain in the whole left side of the chest; suddenly, when taking a deep inspiration, while in the act of lying down in bed at night. tc.

42. Stinging, almost itching, pain in the left side of the chest, just below the nipple, attended by heavy throbbing in the ears, synchronous with the pulsations of the heart. tc.

43. Burning pain in the left side of the chest, just below the nipple; worse when taking a deep inspiration. tc.

44. Sensation in the left chest as if the heart suddenly ceased beating, followed by a heavy throbbing through the chest, observed several times. tc.

45. Severe stinging pain in the region of the heart, extending through the chest to the apex of the left scapula, with a frequent desire to take a deep inspiration which increases the pain. (In the afternoon.) 6 dil.

46. Dull pain in the region of the heart. 6 dil.

47. Raw pain in the chest just under each clavicle while hawking mucus out of the throat. 6 dil.

48. Raw stinging pain a little to the left of the longitudinal center of the sternum, which obstructs deep inspiration; at night. 6 dil.

49. Burning stinging pain in the left chest near the heart; came on soon after lying down in bed, gradually moved up into the great pectoral muscle about two inches above and to the left of the nipple, and continued for a long time; increased by a deep inspiration and by lying on the back or the right side; relieved by lying on the left side. 6 dil.

50. Deep inspirations are attended by a heavy dull pain in the region of the heart. tc.

BACK.—51. Burning pain on a small spot near the top of the right sacro-iliac symphysis. tc.

52. Stinging burning pain in the back, just below the inferior angle of the left scapulæ. tc.

53. Aching pain in the back under and below the apex of the left scapulæ. tc.

54. Aching between the scapulæ while standing. tc.

55. Stinging, burning pain in the back between the scapulæ, attended by a constant desire to take deep inspirations; with a sensation of dry heat in the middle of the chest. tc.

56. Dull pain in the left side near the back, just above the last true rib; after lying down at night. 6 dil.

57. Sensation in the neck as if a thread were tied tightly around it just below the ears; with roaring in the ears; obs. twice. tc., 6 dil.

58. SUPERIOR EXTREMITIES.—Slight numbness and crawling sensation in the left upper arm, after lying down in bed. tc.

59. Gnawing pain in the internal condyle of the left humerus (alt. with No. 64). tc.

60. Dull aching in both elbows. tc.

61. Itching in the flexures of the elbows, and at the same time to the left of the sternum, just over the fifth rib. tc.

62. Stinging pain on the inner side of the right upper arm. tc.

63. Dull pain and heaviness in the left upper arm, and especially in the elbow. 6 dil.

INFERIOR EXTREMITIES.—64. Rending in the anterior part of both ancle joints, running down the insteps, alt. with 59. tc.

65. Aching and heaviness with crawling sensation all through the inferior extremities (while riding). tc.

66. Heaviness in the calf of the right leg, as if the flesh would drop from the bones. tc.

67. Crawling, tingling sensation in the inferior extremities. tc.

68. Aching pain in the right hip joint while walking, producing slight lameness (followed by No. 51). tc.

69. Rending aching pain in the flexure of the left knee, while standing. tc.

70. Drawing pain, almost a cramp, in the calf of the right leg. tc.

71. Tingling crawling sensation in the inferior extremities. 6 dil.

72. Prickling itching on the buttocks, while exposed to the air, during an evacuation of the bowels; obs. three times. 6 dil.

73. Itching on the buttocks before and after getting into bed. 6 dil.

74. Itching on the calves of the legs.

Sleep and Dreams.—75. Restlessness and discomfort in bed at night, the position must be frequently changed. tc.

76. Very restless, uncomfortable nights; obs. several times. 6 dil.

77. Sleep full of troublesome dreams. 6 dil.

78. Unrefreshed by sleep on waking in the morning. 6 dil.

Skin.—79. Itching and prickling itching on various parts of the body, principally on the lower extremities. 6 dil.

80. Crawling, tingling sensations in different parts of the body. tc. and 6 dil.

General Symptoms.—81. Languor and universal heaviness with fulness in the head and chest. tc.

82. Throbbing through the whole body. 6 dil.

83. The most prominent chest symptoms are increased on lying down in bed.

(4.)

BY H. M. PAINE, M. D., CLINTON, ONEIDA COUNTY, N. Y.

The object of instituting the following proving of Rumex was simply that of *verifying* the trials made two years since, and published in the last Report of the American Institute.

In order that the circumstances might be similar, as nearly as possible, I have employed the same preparation, and in corresponding doses and intervals of time.

Feb. 7, 1859. At one o'clock P. M., fasting, took 10 drops R° on sugar.

9th. At ten A. M., 10 drops R° on sugar.

1. For two hours after, experienced a sensation as of a *hard substance in the pit of the stomach.* At nine P. M., 10 drops R° on sugar.

10th. Ten A. M., 10 drops R° in water.

2. During the day observed a *frequent inclination to urinate,* attended with a sensation as if the urine *could not long be retained.*

Evening. 3. While undressing, and for some time after, considerable *itching of the surface of the lower extremities.*

11th. 4. Same troublesome *itching of the surface* of the lower extremities when undressing, and after retiring for the night.

16th. At half-past nine P. M., 10 drops R° on sugar.

17th. 5. After four A. M., *very unpleasant dreams*—of burglars. At half-past seven, a short time before breakfast, 10 drops R° on sugar; also at nine P. M., 10 drops.

6. Observed the itching of the legs, as usual, as soon as exposed to the air while undressing.

18th. 7. *Sleep last night was disturbed, wakeful, restless; short naps and unpleasant fancies,* even when awake. At nine P. M., 10 drops R° on sugar.

19th. 8. The *itching of the extremities* commenced about half an hour before retiring last night, and again on waking this morning. There is no appearance of an eruption until after irritating the skin by scratching, and then rather a diffused redness which soon disappears. Frequent scratching the surface has produced a number of little sores, which, however, readily heal, on the calves of the legs and about the knees, especially the posterior surfaces. The rash is not usually troublesome until after the surface is exposed to the air while undressing at night, and on getting up in the morning. The warmth of the bed soon relieves the itching.

9. For several days past have observed an unusual sensation of *heaviness in the epigastrium.* It occurs immediately *after eating,* and disappears in the course of half an hour.

(5.)

VERIFIED SYMPTOMS OF RUMEX CRISPUS.

SELECTED AND ARRANGED BY B. F. JOSLIN, M. D.

PRELIMINARY EXPLANATIONS.—There have been seventeen provings of Rumex by ten provers. Each of the provings, with few exceptions, occupied several weeks or several months, during which the drug was repeated at various intervals, and the system of the prover was usually in some degree under the influence of preceeding doses. Those are regarded as separate provings which were commenced at least two months after Rumex had been taken.*

The mother tincture was extemporaneously diluted, the potencies generally used in the form of minute dry globules, in a few instances in water, always few in number.

The following are the provers, the dilutions in the order in which each took them, and the times at which the provings were respectively commenced. First proving; B. F. Joslin, M. D. (marked J.), Rumex ^{12} and ^{6}, June 12th, 1845. Second; B. F. Joslin, Jr. (J. jr.), Rumex ^{12} and ^{6}, same date; short proving. Third; B. F. Joslin, M. D. (J.), Rumex ^{12} and ^{30}, Sept. 23, 1850. Fourth; B. F. Bowers, M. D. (Bs.), Rumex ^{30} and ^{12}, Sept. 24, 1850. Fifth; Mrs. B. F. Joslin (Jp.), Rumex ^{12}, Sept. 24, 1845, short proving. Sixth; E. Bayard, M. D. (Bd.), Rumex ^{30}, Dec. 24th, 1850. Seventh; H. A. Houghton, M. D. (H.), Rumex ^{1} and ^{0}; of Rumex ^{0}, the tincture, the dose was fifteen drops, Nov. 11th, 1851.† Eighth; E. M. Kellogg, M. D. (K.), Rumex ^{0}, $\frac{1}{8}$ of a drop, March 30th, 1852. Ninth; B. F. Joslin, M. D. (J.), Rumex ^{30}, and ^{3}, May 25th, 1852. Tenth; E. M. Kellogg, M. D. (K.), Rumex ^{3}, June 1st, 1852. Eleventh; the same prover (K.), Rumex ^{6}, Sept. 20th, 1852. Twelfth; B. F. Joslin, Jr., M. D. (J. jr.), Rumex ^{1}, July 8th, 1856; fragment of proving. Thirteenth;

* Half a month less would add; for J. and R.; two provings.

† H. included the leaves and stalks, and Pa. a small proportion of them. All others used the root only, which is decidedly preferable.

H. M. Paine, M. D. (Pa.), Rumex ^{0}, ten drops, Nov. 11th, 1856. Fourteenth; same prover (Pa.), Rumex ^{0}, ten drops, Feb. 19th, 1857. Fifteenth; W. E. Payne, M. D. (Py.), Rumex ^{0}, ^{1} and ^{3}. The dose of Rumex ^{0} was five or ten drops, March 28th, 1857. Sixteenth; M. J. Rhees, M. D. (R.), Rumex ^{0} and ^{6}. The dose of Rumex ^{0} was one, ten, fifteen or twenty drops, Oct. 1st, 1858. Seventeenth; H. M. Paine, M. D. (Pa.), Rumex ^{0}, ten drops, Feb. 7th, 1859.

These provings have been either communicated to this Institute, or published in the order in which the symptoms occurred, in the *Philadelphia Journal of Homœopathy*, vols. I and II.

Each of the following symptoms was experienced by at least two provers; and where expressions used by them are nearly but not exactly synonymous, the disagreeing parts are separated by the disjunctive "or," and those that respectively belong to them are put in the same order as their names.

The same rule is followed in the few cases where the character of the conjoined symptoms is more widely different, but other points of agreement rendered the connection desirable.

No symptom or combination is referred to any prover, unless it occurred on one and the same occasion. A different method would have increased the number, but reduced the value.

SYMPTOMS COMMON TO TWO OR MORE PROVERS.

HEAD.—1. Sensation of fullness in the head. Rum.^{12}, J.; Rum. ^{0}, R.

2. Headache after waking in the morning, preceded by a disagreeable dream. Rum. ^{30}, J.; Rum. ^{0}, Pa.

3. Headache worse by motion. ^{30}, Bd.; ^{0}, H.; ^{0}, K.; ^{1} Py.; ^{6}, R.

4. Dull pain in the head, between the time of waking and breakfast, preceded by a disagreeable dream in the morning. ^{30}, J.; ^{0}, Pa.

5. Dull pain in the head in the forenoon, commencing at ten o'clock. ^{0}, H.; ^{0}, K.

6. Dull pain in the forehead. ^{12}, and ^{30}, J.; ^{0}, H.; ^{0}, K.; ^{0}, Pa.; ^{6} R.; *i. e.*, half of the provers.

7. Frontal headache on waking in the morning. ^{30}, J.; ^{0}, K.

8. Pain over the right eyebrow. ^{12}, J.; ^{12}, Bs.

9. Pain on the right side of the forehead, in the region of causality. ^{12}, J.; ^{30}, Bd.

10. Pain in the left temple. ^{12}, Bs.; ^{0}, R.

11. Darting pain or sharp piercing pain, in the left side of the head, for half an hour or less. ^{0}, Pa.; ^{0}, R.

12. Dull aching pain in the occiput. ^{30}, Bd.; ^{0}, R.

EYES.—13. Sore feeling in the eyes, without any external sign of inflammation. ^{0}, H.; ^{0}, K.

EARS.—14. Ringing in the ears. ^{12}, Bs.; ^{0}, R.

15. Itching in the ear. ^{30}, J.; ^{12}, Bs.

NOSE.—16. Obstruction of the nose. ^{12}, J.; ^{1}, H.

17. Fluent coryza attended with painful irritation in nostril and sneezing. ^{12}, J.; ^{3}, Py.

18. Epistaxis, ^{0}, H.; ^{0}, K.

19. Mucous discharge from the posterior nares. ^{12}, J.; ^{0}, and ^{3}, K.

20. Violent and rapid sneezing. ^{12}, J.; ^{3}, Py.

FACE.—21. Sensation of heat in the cheeks, within the first hour. ^{30}, J.; ^{30}, Bd.

22. Heat and redness of the face in the evening. ^{30}, Bd.; ^{6}, R.

TEETH.—23. Toothache with aching in the head. ^{0}, K.; ^{0}, R.

MOUTH.—24. Sensation as from a burn or scald on the tongue. ^{12}, Bs.; ^{30}, Bd.

25. Sensation of excoriation, or else slight stinging, at edge of tongue. ^{30}, J.; ^{30}, Bd.

26. Flow of saliva within the first hour. ^{12}, J.; ^{12}, Bs.

THROAT.—27. Sensation of excoriation in the throat. ^{12}, J.; ^{1}, H.; ^{3}, K.

28. Sore feeling in throat on swallowing, in the forenoon. ^{30}, Bd.; ^{1}, K.

29. Sensation as of a lump in the throat. ^{3}, K.; ^{0}, Py.; ^{0}, R.

30. Raw feeling in throat with secretion of phlegm. ^{12}, J.; ^{3}, K.

31. Mucous secreted in the upper part of the throat. ^{12} J.; ^{3}, K.; ^{6}, R.

32. Mucous secreted in the upper part of throat in the forenoon. ^{12}, J.; ^{3}, K.

TASTE.—33. Woke with a bitter taste in the mouth in the morning in bed. ^{30}, J.; ^{3}, K.

GASTRIC FUNCTION AND REGION.—34. Flatulency after meals. ^{12}, J.; ^{30}, Bd.

35. Heaviness or sensation of a hard substance in the stomach or epigastrium soon after a meal. ^{0}, K.; ^{0}, Py.; ^{0}, Pa.

36. After a meal has a sensation of weight in the stomach, like that produced by the presence of undigested food in it; the first symptom in two provers with the tincture. ^{0}, K.; ^{0}, Py.*

37. Sensation as of a hard substance in the stomach or pit of stomach, remaining for two hours. ^{0}, Py.; ^{0}, Pa.

38. Tasteless eructations. ^{12}, J.; ^{6}, R.

39. Sensation of fullness or distension in the stomach or scrobiculus cordis, with eructations, on going to bed, or in the evening. ^{30}, Bd.; ^{6}, R.; ^{3}, Py.

40. Nausea in the morning before breakfast. ^{0}, K.; ^{0}, Py.

41. Nausea in the forenoon. ^{12}, J.; ^{6}, K.

43. Nausea in evening. ^{12}, J.; ^{30}, Bd.

43. Nausea with eructation. ^{12}, J.; ^{30}, Bd.

44. Nausea, either with sensation of fullness in the abdomen as if diarrhea were forming, or else with moving in the intestines as from a cathartic. ^{30}, Bd.; ^{0}, Py.

45. Sharp pain in the pit of the stomach, either worse on movement, or occurring while riding in the open air. ^{12}, J.; ^{0}, Pa. The first was stitches of pain, the last, cutting pain.

HYPOCHONDRIUM.—46. Pain in the hypochondrium in the afternoon after dinner, worse on movement, or occurring while walking. ^{12}, J.; ^{12}, J. jr..

---

* Dr. Payne, who experienced this symptom several times, adds — that this sensation of weight in the stomach, was accompanied with a pressing sensation as far upwards as the throat pit; it descended towards the stomach, upon every empty deglutition, but immediately returned. Rum. 0 and 1, Py. I have clinical confirmation of this as well as the symptom of the text, by Rum. 30 and 200, J.

47. Hypochondrium pained by coughing, rapid walking or deep inspiration. ^{12}, J.; ^{12}, J. jr.; ^{0}, Pa.

ABDOMEN.—48. Dull pain in the abdomen in the day time, continuing two hours. ^{0}, H.; ^{0}, R.

49. Pain in abdomen in the night. ^{12}, J.; ^{30}, Bd.

50. Pain in abdomen in the morning. ^{12}, J. jr.; ^{30}, Bs.; ^{0}, H.

51. Pain in the abdomen in the morning in bed. ^{30}, Bs.; ^{0}, H.

52. Protuberance and hardness, or else sensation of fullness, in the abdomen. ^{30}, J.; ^{30}, Bd.; ^{0}, R.

53. Rumbling in the bowels, or much flatus moving about in them. ^{12}, Bs.; ^{0}, Pa.

54. Pain in abdomen, occurring or increasing during deep inspiration. ^{12}, J.; ^{1}, H.

55. Movings in intestines. ^{30}, J.; ^{30}, Bs.; ^{0}, Pa., ^{0}, Py.

56. Flatulent colic near the umbilicus soon after a meal, mitigated by discharge of flatus. ^{12}, J.; ^{6}, R.

57. Emission of flatus in the morning. ^{12}, Bs.; ^{0}, R.

58. Pain in the umbilical region with eructation, soon followed by pain over eyebrow. ^{12}, J.; ^{12}, Bs.

59. Pain in abdomen in the morning, followed by an evacuation of the bowels. ^{30}, Bd.; ^{0}, H.

STOOL AND ANUS.—60. Dark colored fæces. ^{30}, J.; ^{0}, K.

61. Stool brown or else black. ^{30} J.; ^{30}, Bd.; ^{0}, K.

62. Constipation, or else scanty fæces, ^{1}, H.; ^{3}, K.

63. Sensation in the bowels as if a diarrhœic evacuation would ensue, the sensation passing off without subsequent evacuation. ^{3}, Py.; ^{6}, R.

64. Liquid diarrhœic stool in the morning. ^{30}, Bd.; ^{0}, H.; ^{6}, K.; ^{3}, Py.

65. Diarrhœic stool in the morning, preceded by eructations. ^{30}, Bd.; ^{3}, Py.

66. Diarrhœic stool in the morning, preceded by pain in the abdomen. ^{30}, Bd.; ^{0}, H.

67. Sensation as if from the pressure of a stick in the rectum ^{30}, Bd.; ^{30}, J.

68. Itching in the anus. ^{12}, Bs.; ^{0}, K.

69. Discharge of offensive flatus. ^{0}, Pa.; ^{6}, R.

URINARY ORGANS.—70. Urine extremely pale, or colorless. ^{12}, J.; ^{0}, R.

71. Very sudden and urgent desire to urinate. ^{12}, J.; ^{0}, Pa.

LARYNX.—72. Pain in the larynx; in the second prover in a few minutes, and the first rumex symptom in six years. ^{30}, and ^{12}, Bs.; ^{1}, J. jr.

73. Tenacious mucous in the throat, or larynx. ^{1}, H.; ^{6}, R.

74. Mucous in the larynx, detached and removed by an expiratory effort, or attended with a constant desire to hawk and raise it. In the first prover it was the first symptom in the second proving, five years after the first. ^{12}, J.; ^{6}, R.

75. Much mucous in the bronchi or in the larynx, expectoration made by coughing and hawking, or attempted by hawking; worse at night. ^{12}, J.; ^{6}, R.

76. Scraping and tenacious mucous in the throat, or else much tough mucous in the larynx with a constant desire to hawk and raise it, but without relief. ^{1}, H.; ^{6}, R.

77. Cough excited by tickling or irritation behind the sternum. ^{12}, J.; ^{12}, Jp.

78. Cough excited by irritation in the chest. ^{12}, J.; ^{12}, Jp.

79. Cough attended with pain in head. ^{12}, J.; ^{0}, H.*

80. Sudden change of voice at the same hour on consecutive days, the first and second of the proving: it became suddenly hoarse at eleven at night, or else rose several notes in pitch at two in the afternoon. ^{12}, J.; ^{0}, K.

CHEST.—81. Pain in chest right and left, either aching pain in the anterior portion of both lungs, which harassed him day and night for five days, or else raw pain just under each clavicle while hawking mucous out of the throat. ^{0}, H.; ^{6}, R.

82. Pain in chest when in bed at night. ^{30}, and ^{3}, J.; ^{1}, H.; ^{6}, R.

---

*I have not included in the cough symptoms, because not yet experienced by two provers, the following: Cough in the night before midnight, commencing or increasing on lying down, 12, J. In this note it is mentioned, on account of the evidence of its genuineness derived from cures by Rum. 30, in a great number of my cases. P. P. Wells, M. D., has kindly communicated to me a case of severe cough cured by Rum. 30., another by Rum. 200; the first worse at night. I have since used the 200th with success.

83. Pain in outer-superior part of chest near the axilla; near the left axilla pain undefined, near the right sharp; both after the same dilution; first symptom in two provers; in one in ten minutes, the first symptom ever produced in any proving of Rumex; in the other in two minutes, his first symptom. ^{12}, J.; ^{12}, J. jr.

84. Sharp pain in the right chest. ^{12}, J. jr.; ^{0}, K.

85. A burning pain in the left chest. ^{12}, J.; ^{6}, R.

86. Dull pain in the left chest. ^{12}, J.; ^{0}, H.; ^{0} and ^{6}, R.

87. Sharp pain in left chest. ^{12} and ^{30}, J.; ^{12}, J. jr.; ^{1}, H.; ^{0}, Pa.; ^{6}, R.; five provers.

88. Shootings in the left chest. ^{12}, J.; ^{0}, Pa.

89. Sticking pain in the left thoracic region. ^{12}, J.; ^{0}, H.

90. Stitches in the left chest. ^{12}, J.; ^{0}, Pa.

91. Sharp cutting pain at or under the left breast. ^{1}, H.; ^{0}, Pa.

92. Pain in the chest, a little below and to the right of the left nipple. ^{12}, Bs.; ^{0}, R.

93. Burning sticking or burning stinging pain in the left chest. ^{12}, J.; ^{0}, R.

94. Burning smarting or burning stinging pain in the left chest. ^{12}, J.; ^{0}, R.

95. A very acute stitch or burning stinging pain, in the left chest. ^{0}, Pa.; ^{6}, R.

96. Shootings, or else dull pain, in the left side near the back a little above the seventh rib. ^{12}, J.; ^{6}, R.

97. Pain in the left chest when recumbent. ^{30} and ^{3}, J.; ^{6}, R.

98. A sticking or stitch felt in the left chest, while riding in the open air. ^{12}, J.; ^{0}, Pa.

99. Painful sensation in the anterior part of the left chest, immediately after waking, about two o'clock at night, and between five and six hours after taking a low dilution. ^{3}, J.; ^{0}, Pa.

100. An acute stitch in the sternal region, or a raw stinging there which obstructs respiration. ^{0}, Pa.; ^{6}, R.

101. Itching at or near the sternum. ^{30}, J.; ^{0}, R.

102. Dull pain in the region of the heart. ^{3}, J.; ^{6}, R.

103. Burning pain in the region of, or near, the heart. ^{3}, J.; ^{6}, R.

104. Palpitation of the heart, or else a sensation in the left chest as if the heart suddenly ceased beating, followed by a heavy throbbing through the chest. ^{30}, Bd.; ^{0}, R.

SPINAL REGION.—105. Sore or burning pain at or near the sacro-iliac symphysis. ^{1}, Py.; ^{0}, R.

106. Chilliness in the back. ^{12}, J.; ^{30}, Bd.

107. Sensation of heat in the back. ^{12} and ^{30}, J.; ^{0}, R.

108. Pressive or aching pain in back, at the inferior angle of scapula. ^{6}, J.; ^{0}, R.

109. Aching pain in back, on the left of the dorsal spine, either extending from the spine half way to the side, or else situated under and below the apex of the left scapula. ^{12}, Jp.; ^{0}, R.

110. Stinging pain in the left dorsal region near the inferior angle of the scapula. ^{12}, J.; ^{0}, R.

111. Pain in the back in the evening. ^{612} and ^{3}, J.; ^{12}, Jp.; ^{0}, K.

112. Itching on the back in the evening. ^{30} and ^{3}, J.; ^{0}, H.

SUPERIOR EXTREMITIES.—113. Pain in shoulder; either pain in the left shoulder, and from it along the upper arm to the elbow, including the joint, and leaving the upper arm with a sensation as if strained, commenced after four minutes, or else pain in the right shoulder on waking in the morning, meliorated by rest, and passing off in two hours. ^{12}, J.; ^{0}, K.

114. Itching on shoulder in the evening. ^{30}, J.; ^{0}, H.

115. Pain in upper arm in the evening. ^{30}, J.; ^{1}, J. jr.

116. Numb sensation in the right hand about 10 p. m., or else in the left upper arm after lying down in bed. ^{12}, Jp.; ^{0}, R.

117. Pain at the inner side of the right upper arm. ^{6}, J.; ^{0}, R.

118. Dull aching in the left upper arm. ^{30}, J.; ^{6}, R.

119. Pain in the upper arm and elbow. ^{1}, J. jr.; ^{12}, Jp.; ^{6}, R.

120. Pain in the left upper arm and elbow, undefined or dull. ^{12}, Jp.; ^{6}, R.

121. Pain in wrist, the left aching; or ulnar half of the right, character undefined. ^{30}, J.; ^{30}, Bs.

INFERIOR EXTREMITIES.—122. A sensation of weakness or fatigue in lower limbs. [1], and [0], H.; [0], K.; [1], Py.

123. Aching of the lower extremities. [6], K.; [0], R.

124. Itching on lower extremities when the part is uncovered and exposed to cool air. [0], Pa.; [6], R.

125. Stinging or prickling itching at an upper part of inferior extremity, either at the anterior part of the left thigh, or on the nates. [30], J.; [6], R.

126. Pain in knee when in the erect posture; stitch-like at the inner part of the right when stepping, or rending aching in the flexure of the left while standing. [3], J.; [0], R.

127. The legs feel weak in the evening, or tired then though he had done but little walking. [1], H.; [0], K.

128. Pain in an anterior part of both lower extremities; either rheumatic pain at the anterior part of the tibiæ, or rending in the anterior part of the ankle joints, running down the insteps. [0], K.; [0], R.

129. Aching in the calves, or drawing pain in the right calf. [1], Py.; [0], R.

130. Itching on the calves of the legs. [0], Pa.; [6], R.

131. Legs densely covered with a rash, composed partly of small red pimples, itching worse on exposure to the air in the evening when undressing to go to bed. [0], H.; [0], Pa.

132. Aching or rending in the upper-anterior part of the tarsus, the instep. [12], J.; [0], R.

133. Sensation of coldness of the feet during the forenoon. [30], Bd.; [0], H. 133*a*. Pain in a corn on toe. [30], Bs.; [0], K.

SLEEP. 134. Great propensity to sleep in the evening before the proper time. [6], J.; [30], Bd.; [0], K.

135. Unquiet sleep at night. [12] and [30], J.; [1], H.; [0], K.; [0], R.

136. Restless and uncomfortable in bed at night. [1], H.; [0], K. [0] and [6], R.

137. Unquiet sleep with dreams of danger or trouble, early in the morning. [12] and [30], J.; [30], Bs.; [0], K.; [0], Pa.

138. Dream of theft or burglary. [12], Bs.; [0], Pa.

139. An unpleasant dream in the morning between five and a half and six o'clock, just before waking. [30], J.; [0], Pa.

140. Unquiet, dreamy sleep, followed by headache and bitter taste on waking in the morning. ^{30}, J.; ^{0}, K.

FEVER.—141. Heat and other symptoms of fever in the morning, preceded by restlessness at night. ^{1}, H.; ^{0}, K.

142. Increased frequency of pulse. ^{30}, Bd.; ^{0}, K.

143. Sensation of heat, followed by that of cold without shivering. ^{30}, J.; ^{0}, K.

SKIN.—144. Itching on various parts of the body, either in this order: left portion of back, left ear, left shoulder and left loin, or else principally on the lower extremities. ^{30}, J.; ^{6}, R.

145. On various parts, a stinging itching or prickling itching. ^{30}, Bs.; ^{6}, R.

146. Itching on the shoulder in the evening, with itching in lumbar or dorsal region. ^{30}, J.; ^{0}, H.

147. Itching on the body, principally on the lower extremities, ^{0}, Pa.; ^{6}, R.

148. Itching of skin when uncovered and exposed to the air. ^{0}, H.; ^{0}, Pa.; ^{6}, R.

149. Eruption on the limbs, first perceived in the evening. ^{0}, H.; ^{0}, Pa.

150. Itching of the vesicles on undressing in the evening to go to bed. ^{0}, H.; ^{0}, Pa.

151. An itching rash in which numerous small red pimples are developed, the eruption itching in the evening, and worse on exposure to the air when undressing to go to bed. ^{0}, H.; ^{0} P.

GENERAL SYMPTOMS.—152. General languor. ^{0}, H.; ^{3}, K.; ^{0}, R.

153. General pulsations, or throbbings through the body. ^{30}, Bd.; ^{6}, R.

154. Sensitiveness to the open air in cold weather, or to the cold. ^{30}, Bd.; ^{0}, Pa.

CHARACTERISTICS.*

LOCALITY AND CHARACTER.—The left chest has more verified symptoms than any other region; they are generally sharp

* By characteristics, I here mean those features, which, as to locality, character and condition, are best confirmed, by several provers, and a considerable number of which when grouped together, would determine the selection of the medicine.

pains. The other regions which afford a considerable and nearly equal number of symptoms as compared with each other, are—the head, stomach, abdomen and inferior extremities. The symptoms of the head are generally dull pains in the frontal region. The symptoms generally appear to be either in a mucous membrane or in a muscular locality, and to be about equally numerous in both. I leave it for others to decide whether the latter are neuralgic. They present about the same number as the former, both of first symptoms and of verified ones. Those symptoms observed in two minutes, and nearly all of those in ten minutes, or less, are in the muscular or nervous tissues; those first symptoms observed later, are generally in the mucous.

Conditions.—Headache worse on movement. Sensation of weight or of a hard substance in the stomach or pit of stomach, after a meal. Liquid diarrhœic evacuations in the morning. Pain in chest when in bed at night. Unquiet sleep with dreams of danger or trouble, early in the morning. Itching of skin, worse on uncovering and exposing it to the air, especially on going to bed in the evening, or at night.

INFLUENCE OF POTENTIZATION.

The earlier sensible action results generally from the potencies; the later from the tinctures. I believe this to be not a feature specially characteristic of Rumex, but a principle applicable to toxic agents in general.

Note.—I would be glad to receive other provings of Rumex, or symptoms removed by it alone.

PROVING OF POLYGONUM PUNCTATUM.

BY WILLIAM E. PAYNE, M. D., OF BATH, ME.

The following proving of *Polygonum Punctatum* was conducted with the strong alcoholic tincture of the leaves, stalks and roots of the drug, gathered in the early part of September.

Nov. 23d, 1858. At eight o'clock P. M., took ten drops of tincture *polygonum* in a tablespoonful of water.

24th. Seven o'clock A. M., ten drops, and at ten o'clock P. M., fifteen drops. Voided urine at three several times during the night, an occurrence that never happened before with the prover.

25th. Six o'clock A. M., fifteen drops. At eight o'clock, two hours after taking the medicine, a slight vertiginous feeling passed over the head, followed, in a short time, by a sensation in the arms and legs as of a galvanic current passing through them. This was but momentary. One o'clock P. M., pain in the right *antrum*, as if proceeding upwards from a tooth, yet the tooth from which the pain appeared to proceed was sound. This pain recurred frequently. Ten o'clock P. M., took twenty drops, and retired for the night. About midnight awoke with severe lameness of the muscles of the left side of the neck, extending to the shoulder, and rendering movement painful.

26th. Seven o'clock A. M., twenty-five drops, and at eleven A. M., thirty drops. Pulsative headache, with sensation of fullness. Pulsative and intermitting pains in left shoulder joint.

Pulsative pains in left lumbar region; also at the left of the hypogastric region, as if in the left portion of the bladder. Pains move suddenly from place to place, in the ball of the little toe of the left foot, in the right shoulder joint, in the right foot, at the left extremity of the stomach, in the knees, etc. The pains were momentary, but frequently recurred. Sometimes a single pulsation, at other times several, before the pains appeared in another place. The character and movement of these pains reminded the prover of the flashing of the aurora borealis, or rather, perhaps, of the distant electrical phenomenon sometimes observed in a thunder storm after the cloud has passed far away; a tremulous electrical movement. The salivary excretion, which before had been thick and scanty, now became abundant and thin.

Ten o'clock P. M., thirty drops, and retired for the night. Lameness of muscles of neck continued, with same pulsative and wandering pains.

27th. Seven o'clock A. M., thirty drops. Breakfasted with usual appetite, but felt nauseated after meal, followed by rumbling and movement in the abdomen, as from approaching diarrhea. Pulsative and wandering pains continue, in wrist and finger joints, more in the metacarpo-phalangeal joints, in epigastrium, abdomen, etc. Three o'clock P. M., thirty-five drops. Same erratic pains continue, in region of mastoid processes, at the insertion of deltoid muscles, etc. Nine o'clock P. M., thirty five drops.

28th. Seven o'clock A. M., forty drops. Stool at usual time; first part of fæces hard and painful, last part soft. Pulsative and wandering pains continued through the day, but mostly when within doors, scarcely felt when in open air. Ten o'clock P. M., forty-five drops. No new symptoms during the night; rest undisturbed.

29th. Seven o'clock A. M., took fifty drops. Pulsative and erratic pains continue, especially when in the house. From five to six o'clock P. M., cutting, colic-like-pains just below the stomach, in region of colon. Ten o'clock P. M., fifty drops. Not disturbed during the night.

30th. Seven o'clock A. M., sixty drops. Occasional pulsative pains in region of colon, lasting one hour. Pulsative, pressive pains, just above the xiphoid cartilage. Erratic pains continue. Pulsative pain in region of prostate gland, occasionally extending along the urethra, continuing for half an hour. Pain in region of zygoma (left side).

Dec. 1st. No medicine. One o'clock P. M., pulsative and acute pain in left temple. Pains continue in same erratic manner as above described.

A severe cold, taken at this stage of the proving, so complicated the symptoms, that the record was suspended.

N. M. PAYNE, æt. 32, 1858. Temperament, nervous bilious.

Sept. 6th. Four o'clock P. M., took six drops tincture *polygonum*. One hour after, experienced a sensation of scraping, and dryness in the throat: two hours after, a throbbing, cutting pain in the stomach. Ten o'clock P. M., six drops, soon followed by a similar scraping and dryness in the fauces, and in half an hour by severe pain in the epigastrium, lasting for about half an hour.

7th. Six o'clock A. M., eight drops. Two hours after, throbbing cutting pain in stomach; nausea, and rumbling in the abdomen, with diarrhœic stools. Ten and half o'clock A. M., took ten drops, followed in ¾ hour by pain in the forehead, and sides of head, extending into the orbits. Nausea with slight pains in lower intestines, rectum and anus. Pulse 65. Five P. M., fifteen drops. Scraping in throat. An increased desire to urinate. Slight pain in sinciput, and trembling of the limbs, one hour after; also cutting and shooting pains in the lower intestines, with pain in pit of stomach. Two and half hours after, sharp, cutting, shooting pains in region of the heart, extending through to the left shoulder blade. Dull pain in extensor muscles of left arm, from shoulder to wrist. Weariness, and dull pain in legs, with tensive pain in the calves. Head feels dull; rumbling pain and griping in abdomen, with copious discharge of clear light-colored urine, which previously was red and scanty. Ten P. M., ten drops.

The above last named symptoms continued till falling asleep. Pains moving from place to place; erratic.

8th. Six o'clock A. M., took fifteen drops. Two and half hours after, ineffectual urging to stool, with discharge of a great quantity of fœtid flatus. Obtuseness of the head, and general lassitude. Sharp pain in right shoulder joint, extending to elbow in one direction, and the trapezius muscle in the other, with occasional shooting through the occiput. In the evening, a scarlet eruption, about three inches in width, made its appearance around the waist, itching and burning, attended with pain. Sharp pain under the right scapula, extending into the chest and to the pit of the stomach, with heavy beating of the heart, and throbbing of the carotid arteries; profuse perspiration and trembling of the whole body, from moderate exercise; continual nausea, as if proceeding from the small intestines, and thence extending upwards to pit of stomach; extreme lassitude, after taking a short walk. Great heat and burning of the feet, continuing one and a half hours, and then suddenly became uncomfortably cold. On two successive evenings, the same itching, burning eruption appeared about the waist. The urine again became scanty and dark.

9th. Six A. M., twenty drops. Free discharge of light-colored urine soon after taking the medicine. During forenoon, itching and burning around the waist. Ten o'clock A. M., twenty drops. Pain in the left temple and left side of head, with dizziness and trembling of the limbs. Pain in the stomach relieved by food. Voracious appetite.

14th. Seven A. M., twenty drops, and at eleven, thirty drops. Burning and scraping in throat, pain in epigastrium and the lower intestines, with diarrhœic stools, discharged with considerable force; voiding of an unusually large quantity of urine. Trembling of the limbs. Aching in stomach and abdomen all day. Ten o'clock P. M., twenty drops. Restless sleep, with unpleasant dreams; awoke unrefreshed.

15th. Seven o'clock A. M., thirty drops. Appetite greatly increased; dull headache all the morning; constant urging to stool; diarrhœic fæces, and abundant flow of urine. Frontal

headache, with darting pains through the temples, in the orbits, the knees and legs. Three o'clock P. M., thirty drops. Dreams, but could not recall them.

16th. Seven o'clock A. M., took thirty drops. Increased appetite for breakfast; pain in left spermatic cord and testicle, continuing all day, with soreness of the testicle; at the same time occasional darting pains in the right spermatic cord and testicle. Headache in the afternoon, with cold feeling in the stomach. Pain in knee joints extending down to the ankles.

17th. Seven o'clock A. M., thirty drops. Copious flow of urine, with continued pains in spermatic cords and testicles, worse in left (staph. seemed to relieve the pain considerably).

18th. Six o'clock A. M., thirty drops. Pain in testicles and spermatic cord continues; headache; tensive feeling in stomach; sensitiveness to cold; feet alternately cold and hot. Ten o'clock A. M., thirty drops. Two hours after, urging to urinate, with smarting in the urethra.

19th. Seven o'clock A. M., forty drops. Headache during forenoon and after dinner. Four P. M., forty drops. Increased flow of urine, with irritation at the neck of the bladder, and smarting in the urethra. When voiding urine slight pain, apparently in *prostate gland.* Pain in the testicles and spermatic cords continues. Itching and burning under the eyes. Rumbling in the abdomen, with desire to stool; dull pain in the rectum. Burning sensation in prostrate gland. Ten P. M., forty drops. Smarting and scraped feeling in the throat; uneasy sleep, and dreams.

20th. Seven A. M., forty drops. Hunger. Pain in lower parts of abdomen half an hour after eating. Itching in the orifice of the urethra and around the glans penis, and constant desire to urinate. Copious flow of straw-colored urine. Ten o'clock A. M., took. fifty drops. Smarting and scraping in the throat. Constricted feeling at the neck of bladder while urinating, with pains in testicles and spermatic cords. Skin of the whole body dry; alternation of chills and heat. Itching and stinging of prepuce. Pain in epigastric region after dinner, with dull headache. Pains in hypogastrium and rectum, with

rumbling in these parts, proceeding from below upwards, and insufficient stool. Itching under the eyes. Pain in neck of bladder. Four o'clock P. M., fifty drops. Half hour after, severe lancinating pains in left hypochondrium while walking. Smarting, raw feeling in pituitary membrane, as from cold. Dreamed of having a severe headache, and awoke with the head aching violently. Painful cutting and feeling of strangulation at neck of bladder when urinating, lasting a long time after; pain in bladder.

21st. Seven A. M., took fifty drops. Rumbling and gurgling in the lower part of the abdomen, proceeding upwards, with desire for stool. Dull, throbbing or pulsative headache. Cold feeling in the abdomen, more in region of transverse colon and stomach, with nausea; weariness of the whole body; trembling of the limbs. Cutting pain in lower part of bowels, with constant urging to stool, and frequent discharge of flatus. Throbbing pain in left inguinal glands, lasting half an hour. Great thirst for cold water, yet water produces nausea. Ten A. M. fifty drops. Appetite diminished; constant nausea. In afternoon, straining at stool, with mucus, jelly-like discharge; yellowish green stools. Feeling of strangulation in neck of bladder. Irritation and smarting in schneiderian membrane, as if from cold in the head. Burning in the stomach and abdomen. Nine P. M. Teresmus with nausea; pain in neck of bladder; emission of offensive flatus; cutting, cramp-like pain in abdomen; thirst with nausea; itching and burning around the waist, and fine, red eruption; laborious and fatiguing dreams; limbs feel bruised (22°). Voracious appetite for breakfast; nausea after eating as if proceeding from the abdomen; griping pains in the abdomen, with loose stools and painful urination. One o'clock P. M., took fifty drops. Two hours after, burning in the stomach, continual rumbling and pain in the abdomen, with tenesmus ani, and hard, lumpy fæces; cold feeling in pit of stomach; pain in left spermatic cord and testicle; feeling of excessive debility.

23d. Twelve M., fifty drops, and at five P. M., fifty drops more. Burning in stomach, throat and fauces; dull pain in

forehead; aching pains in lower extremities; copious flow of clear, light-colored urine; cutting pain in left side of chest; sore throat; tongue feels as if swollen, burning all the way from the roots of the tongue to pit of stomach.

24th. Seven A. M., took sixty drops. One hour after, pain in the sacrum and bladder, with desire to urinate, not relieved by voiding large quantities; frequent diarrhœic stools; pain in hypogastric region, rectum and anus. Three o'clock P. M., sixty drops; sharp, cutting pain in stomach and intestines; burning and scraping in fauces; aching pains in knees. Two and a half hours after, burning in chest, with cold feeling in pit of stomach and shooting pains. Pain and soreness in left testicle, and extending along the spermatic cord. Pain around the left hip joint, with aching in the loins. Cutting pains extending apparently along the ureters down to the bladder; burning, tingling in the whole body, more in the legs and feet, forearms and hands. Frequent sneezing as from cold in the head. Pulsative pains in the hips and loins, with ineffectual urging to stool, and tenesmus. Lancinating pains throughout the whole abdomen.

25th. Seven o'clock A. M., sixty drops. Great weariness after walking; constant rumbling in abdomen; dull pain in rectum; profuse pale urine. Five o'clock P. M., thirty drops. Shooting pains in stomach; alternate constipation and diarrhea.

In the two provings above detailed, there are three points to be noticed, which may indicate the therapeutic sphere of the *polygonum punctatum*, viz: the influence exerted upon the urinary organs, augmenting the quantity of urine and frequency of discharge; upon the intestinal tract, producing rumbling pain and diarrhœic stools; and upon the nerve mass, producing peculiar erratic, pulsative pains. These conditions were well marked in both provers; and that imagination had nothing to do in producing this similarity of states, is obvious, for neither prover knew what symptoms to expect; and neither knew the character of the symptoms, or the pathological condition produced upon the other till after the provings were suspended.

These, therefore, may be regarded as the veritable effects of the drug, and as indicating in some degree, its pathogenetic scope.

In the only instance where an opportunity offered for testing the truth of either of the therapeutic indications above deduced from the provings of the *polygonum*, there were cutting, lancinating, griping pains, with great rumbling as if the whole intestinal contents were in a fluid state, and in violent commotion, the movement proceeding from below upwards, producing nausea and disposition to vomit, with liquid fæces, which were discharged with considerable force, together with pain in the loins. This case, in both its symptomatic and pathologic manifestations, was an exact representation — an exact counterpart of the abdominal affection as it appeared in the above proving. The *polygonum*, therefore, was selected as the remedy. Two table spoonsfull were taken at once, of a mixture of fifteen drops of the tincture to eight ounces of water. A sensation of warmth diffused itself throughout the abdomen, with immediate diminution of the symptoms, and at the expiration of about one hour the whole disease had disappeared, except soreness on pressure which gradually passed away.

The group of symptoms exhibited in the above case, indicated a natural disease, designated in allopathic *nosology, Cholera Morbus;* and the group of abdominal symptoms exhibited in the drug proving, indicates a disease of a similar character, in fact a well marked medicinal *Cholera Morbus.*

We believe the proving of every drug, before it can become really available in practice, must be carried far enough, either in the human or brute organism, to develop a well defined disease. The thoroughness, the perfection of the proving is just in the degree that this end is approximated; and, consequently, just in the degree that this end is unattained, the selection of the remedy remains difficult and uncertain.

Every physician of the homœopathic school, is possessed of unwavering confidence in the power and efficiency of the homœopathic law; he accepts it, unconditionally, as the law of cure; he knows, when the drug is homœopathically applied, the cure is certain when cure is possible. With a plain and simple law of cure to guide him, and means largely multiplied, if he has

made himself sufficiently familiar with the disease, the physician ought to feel an assurance, when making his prescription, that his selection is the true one and that the result must be auspicious. Is this so? Where is the physician who does not daily encounter embarrassments, oftentimes insurmountable, in his efforts to adapt his remedy to the case in hand? Why is this so? We believe the difficulty lies mainly in the condition of the *Materia Medica;* not in the limitation, but in the arrangement of its materials. The homœopathic *Materia Medica* embraces many thoroughly proved drugs, yet it is exceedingly difficult to make out a well defined disease from the symptoms as they are now arranged. The arrangement seems to be artificial and in direct violation of the most obvious teachings of nature. In all natural diseases the symptoms appear in groups; and from a peculiar collocation of symptoms, which gives character to the disease, there is no departure; and it is only by an understanding of this peculiar arrangement, combination and completeness of symptomatic development, that we are enabled to recognize the disease, to diagnose, to distinguish it from all others. The same is true of medicinal diseases. The symptoms all appear in groups; and each group is an exact likeness, similitude, counterpart, of some natural disease; and by the guidance of the great therapeutic law of similars, we can select our remedy intelligently and with confidence of success, only, when this similitude, this likeness is fully made out. I have yet to learn, for I have not been taught by the almost hourly experience of nearly twenty years, the superior advantages to be derived from the dissection of natural groups of symptoms, and a uniform topographical arrangement of the dissevered parts. I have yet to learn how this artificial arrangement can facilitate the choice of the remedy. In selecting our remedy, the separated symptoms must be re-united, re-arranged, and their natural correlativeship clearly made out, if we would justly claim for our labor the authority of science, or deserve credit for anything more than a random prescription. In the accomplishment of the indispensable end, it seems to us an unnecessary amount of labor is required, to say nothing of the sacrifice of time which may afford the only opportunity of

success. For myself, I feel no assurance of a favorable issue till I have first determined the pathology of my case, and obtained an accurate portrait of the disease by a colligation of the symptoms, and then have found its similitude, its counterpart in some one of the drug provings. When this is accomplished, I have no hesitation in defining the issue.

In gathering materials for our *Materia Medica* the indications of nature should be strictly followed. The proving of every drug should be so extended and intensified, as to develop a well defined medicinal disease; and each natural group of symptoms so obtained, should be preserved entire, and thus incorporated into our *Materia Medica.*

I would, therefore, for myself, and in behalf of those of my professional brethren who find the same practical difficulty in the present accredited *schema*, ask all provers to give us the daily record of proving, in connection with their topographical and organic arrangement, to give us the symptoms of each drug arranged in the order in which they occurred in the proving ; and should we never be permitted to realize our hope of pointing out a simpler and better arrangement than the present, we may have, at least, the opportunity of pursuing our own plan in the study of the *Materia Medica*, and in choosing our remedy for each individual case of disease.

IV.

COLD A THERAPEUTIC AGENT,

BY ISAAC COLBY, M. D.,

OF CONCORD, N. H.

Whenever the vital power is seized by any hurtful influence, sufficiently powerful to produce pathological symptoms, it yields to the force of the attack, and the principle of life becomes lowered. Soon a sense of coldness is felt, creeping along the nervous centres; or a decided chill or shivering becomes developed. This is the first definite symptom that uniformly marks a departure from health. The suspension of vitality and the coldness continue till the animal instinct is roused, in self defence, to throw it off; by which an impetus is given to the heart, arteries, and capillary vessels; heat generated the temperature rises, and the chills are removed. But, as animal instinct lacks intelligence to conduct it to unerring results, the heat continues to increase till itself becomes disease, and another agency must be brought into requisition—perspiration, to put a check to and conduct off the superfluous heat. So we have then, in every manifestation of disease, let the cause be what it may, these three stages, viz, the cold stage, which is evidence that some hurtful cause has made a successful attack on the vital organism; the hot stage which follows upon and is necessary to remove the cold; and the sweating stage which limits and removes the hot stage.

It may be that *all* these stages will not be fully developed or

recognized in every case of attack, but they are so nearly uniform in their appearance that we may consider them as always present, more or less perfect, and constituting the leading manifestations of disease. These three stages constitute a simple paroxysm of fever, which is the type of disease in general. Protracted diseases are doubtless made up of the essential elements of a simple paroxysm of fever, repeated and variously combined, together with symptoms growing out of lesions consequent on these. That all diseases commence with cold, as stated above is not in controversy. It is well known that contagion and malarias first manifest themselves by a chill. The accession of fever commences with feelings of coldness. All deep seated inflammations of important organs are ushered in with chills. If a person receive a shock or concussion, or an extensive burn, or any serious mechanical injury, or mental emotion, he becomes cold, the pulse feeble, and the concatenated movements of animal life make an effort to remove the injury and establish health, always in this definite prescribed way, by the restoration of heat succeeded by perspiration. These successive stages necessarily follow each other in the order in which they occur, and are remedial, always having a tendency to end in health. But if either stage fail to occur, that tendency does not appear. It is sometimes seen that one distinct paroxysm terminates the disease, and it is but fair to infer that it always would, were it not that the exciting cause has inflicted a wound too grave, and has left an injury on the vital organism which one paroxysm has not power to eliminate, and which for a time, not having been removed, may increase with every subsequent paroxysm.

In accordance with this view of the subject, it follows that the first symptoms of disease become invested with great importance in furnishing indications for its subsequent treatment. Here we have an indication that stands out pre-eminently beyond all others. It is to select a remedy that will conduct the vital action, artificially, along the same track and through the same pathological movements through which it is passing from the effect of disease. But why follow the same track the disease is pursuing instead of attempting to circumvent and oppose it?

Because, if you occupy the same animal functions and textures with your remedy, and establish its influence there, just in the proportion you do it the disease must depart, for you are occupying its ground. If you use a remedy that produces symptoms similar to those which constitute the disease, it must be in possession of *its* locality; and as two pathological states can not exist at the same time, the more powerful influence will overcome the weaker. Coldness being the aggressive symptom it has precedence of the other two stages, the action of these being to remove the former and its effects. It is disease in its incipient stage we are considering. No structural derangements or inveterate, vicious actions have become established. It is still mostly functional, and the main object is to find a remedy to meet existing indications. There is one agent which, though it has not been supposed to have dynamic power, yet possesses more pathological indications than any other remedy known. It is the effect of low temperature on the animal economy. And as cold can not be used abstractedly, cold water is the most convenient mode of application. You have in that a reliable agent, one that can be continued and increased, till the requisite degree of coldness is obtained, when it is in occupancy of the same functions and organizations the disease has attacked. The symptoms of disease are merged and overwhelmed in the sensation it has produced, which, being more powerful and pervading, has precedence to that of disease. This union or transfer having been accomplished by a sufficient reduction of temperature to make a stronger impression on the vital principle than the disease was making, the affinity of disease with this principle is overcome. The vital organism now being left to the natural action of animal life to restore warmth and perspiration, these occur precisely as if no disease had existed, and with the coldness, the disease also ceases.

A few cases from practice will illustrate the views I wish to present on this subject.

Spasmodic Diseases.

Thirteen years ago I visited a child, aged four years, in a fit, convulsed and trembling all over, jaws rigidly set, with a stream

of saliva issuing from between the teeth, so that no medicine could be put into the mouth, or remain in it if it could. At first nothing occurred to me that could be done for her relief. I knew the popular practice would be to put her into warm water. I had tried that many times in other cases, and was convinced it was but a doubtful remedy. After a little suspense the thought came to my mind that I had better try cold water. I had the child made naked and held over a tub, and with a small pitcher, began to pour the water on the head, shoulders, back, &c., letting it run down over her body till she had become very cold, and the pulse in the wrist had nearly ceased beating. In doing this I found I had accomplished an object which had formed no part of the plan of operations. The trembling from cold had taken the place of the spasms of disease. She was wiped dry, enveloped in flannel blankets, and as warmth returned all spasms and trembling ceased. After lying still and sleeping four or five hours, she had become warm, a profuse perspiration broke out, and she awoke bright and intelligent. One night, some six months afterwards, the father of this child called on me towards morning, saying she had been in a fit all night, five hours since it commenced. They had done for her, he said, the same that I had done before but she was no better. He did not expect any thing could be done, but thought he would let me know how she was. I went and applied the water till she was made very cold and the spasms ceased, and after reaction had taken place, indicated by free perspiration, she awoke intelligent as before; a result that, instead of stupor continuing six, twelve or twenty-four hours, always follows the treatment of spasms with cold water, showing it to be the specific for the disease. Cold, if properly and sufficiently applied, never fails to suspend spasmodic action, whether tonic or clonic, and from whatever cause it may have originated, while the patient remains cold. This it can not fail to do, because you can continue the application of cold water till your patient trembles, or becomes rigid and stiff with the cold. And as natural spasms always yield precedence, to or become absorbed in the artificial, which you have created by cold water, then, when the coldness is removed in the process of

reaction, the cure is certain. If the disease has originated in a functional derangement only, the cure always remain permanent. But if it be from some permanent disorganization, or local congestion, or persistent irritation of the nervous centres which still remains, the spasmodic action will return, and kindle up anew, as often as the coldness is removed.

I was called to a child, four or five years of age, in convulsions. A steady, universal trembling and rigidity pervaded the whole body and extremities without mitigation. I applied the water in the usual manner, till she had become very cold, when the spasms ceased. She was wiped, wrapped in blakents, and after lying three or four hours in bed, warmth and perspirations followed. I had in the meantime administered Aconitum third dilution to promote reaction, (which I always do during and after the application of cold) and in this case alternated it with Belladona. No appearance of spasms remained. But in two or three hours they returned as before, and were again removed or suspended by the effusion of water. And again the third time they returned and were stopped; but with this difference, she was more inclined to stupor, showing more marked signs of oppression of the brain; she was evidently worse at every return of the spasms. This child belonged to a family of eight children, five of whom had died in spasms, the parents thought very much such as her's were, under allopathic treatment. I had treated her more than twenty-four hours, during which time, besides the cold water, I had spared no pains in selecting appropriate remedies; but she had been in convulsions all the time except when suspended with cold water. They had now returned the fourth time, without the least prospect of the abatement of the disease, while life remained, unless something could be done out of the ordinary course of medical treatment. It was evidently congestion of the brain, of unusual intensity. I decided to take blood, though, when I commenced the practice of homœopathy I supposed I had abandoned the lancet forever. I felt out the course of the temporal arteries on both sides, and marked them; I then slipped a sharp pointed lancet under one, cut it off, and in like manner the other, thus dividing both arteries, so the bleeding could be easily stopped.

The blood issued freely and soon the child fainted, rolled up her eyes, became ghastly pale, the pulse ceased to beat, and cold perspiration started out. I immediately stopped the bleeding by a compress and bondage. After a time the color returned, warm perspiration commenced freely, the pulses became full and free, a perfect reaction was established and the cure was permanent. And now after about ten years she is a bright, active girl, in good health, and worth having made an effort to save. But why not apply lecebes to the head instead of opening the arteries? Because the leeches would have taken the blood so gradually and slowly, that she would not have fainted till so much had been abstracted there would have remained no power for reaction. I opened both arteries, because the more rapidly the blood flows, the less amount is required to cause fainting, and consequently more remain to sustains reaction.

Besides this I have treated one other child with similar condition of the brain in the same manner, and with similar results. These cases, I think, could neither of them have been cured, or even benefited by bleeding, without the previous application of the cold water, because there must be a certain degree of vigor, or energy of the circulation of blood, in order to bleed. In an attack of a disease so violent as were these cases, there is a venous torpor and sluggish state of the blood vessels generally. Before the reaction that followed cold water, there would have been but a slow dribbling of dark blood without reactive tendencies. But the warmth and perspiration that follows the cold water, always imparts new energy to the capillary vessels, and through them to all the blood vessels, and a free circulation is the result, which of itself, if the congestion had been less, would have removed it and cured the disease without the bleeding.

Delirium Tremens.

This is a form of spasmatic disease, differing from those we have been considering. A man between thiry and forty years of most powerful muscular development, and of great strength, had an attack of delirenm tremens. When I arrived he was lying on his back on the bed, intensely delirious, struggling with great energy, apparently to escape from four men standing, one

at each extremity, with his wife at his head, all holding on with their might to keep him in bed. I had him conveyed to the kitchen floor and commenced pouring upon him cold water. In about twenty minutes he suddenly looked me in the face and said "Doctor, I think you have done enough." With this first appearance of intelligence, spasmodic movements and delirium ceased. On being returned to the bed he fell quietly asleep, and after a few hours he awoke in a copious perspiration free from disease.

The above case is a beautiful example of the curative power of cold water over spasms. It is strictly homœopathic. Cold water can easily be applied so as to permeate all the living structures, impressing upon them its peculiar sensations of coldness, trembling and and rigidity. The patient is now in the same pathological condition of a person in health, having no symptoms but those he would have had from such a reduction of temperature alone; and when warmth and perspiration are established, the spasms are cured. This treatment can not fail of the same results in any case of delirium tremens, because it strikes at the root of the disease. It steps in and takes possession of the same vital functions and organic structures the disease had been occupying and puts the machinery in motion for itself, and the disease must stop its work. Some may doubt the safety of the cold applications, especially after a long course of intemperance, and repeated attacks of the disease have exhausted the powers of life. But all fears are groundless if we consider the pathological effects of cold water. It never joins issue, or unites in harmony with the disease, any more than fire does with water. Its effect is antagonistic, interposing and taking the place the disease was occupying. And warmth and perspiration return with as much facility as if nothing except the coldness had occurred No debilitating influence follows, but the patient always feels more constitutional vigor and energy than before it was applied.

Tetanus.

This disease also readily yields to the influence of cold water. A young man received a wound in the left hand, by a rough nail

penetrating it between the metacarpal bones, nearly through the hand. The pain, for a few minutes, was intense. After it had abated he was faint and dizzy, but recovered so as to eat his dinner. After dinner a blindness came over him, he felt sick and vomited, lost his power of locomotion and seemed to be paralyzed; spasms then commenced at the pit of the stomach, and soon spread all over him, at first remittent, returning once in two or three minutes, attended with vomiting. The injury occurred at 12 M. I saw him three or four hours after. The disease rapidly advanced upon him; at 6 P. M., the extensor muscles over the whole body had become rigidly contracted, so that he formed a semicircle. Had an attempt been made to place him on the back he would have rested on the heels and head. The pain from excessive muscular contraction, made his sufferings intensely great, the most severe of which were from the contraction of the diaphragm and other muscles of respiration. From this the most alarming consequences were apprehended. He could not speak, and it was with difficulty he could breath to sustain life. At this stage, seeing the disease was progressing with such fearful rapidity, I thought it not proper to spend time in administering ordinary remedies, especially as there was one at hand of such undoubted efficacy. Within a few months I had heard of two deaths in the neighborhood from lockjaw. I had told my friends that cold water would have cured those cases with as much certainty as it would extinguish fire. And although the present case had assumed a most formidable condition, I was not alarmed, because I knew the dynamic power of the remedy with which to oppose it. He was immediately placed on his side upon a wide board, one end resting on the bed and the other in a large tub to receive the water. I commenced pouring on him ice cold water from a pitcher, at the rate of a bucketfull every five minutes. In about twenty minutes he had begun to feel very cold, and the spasms evidently commenced yielding to its influence. The rigidity first began to relax in the least affected side, and in a few minutes in the side that had received the injury. The pain was gradually abating, the muscles became relaxed and the limbs flexible, when at length he felt the spasms of the diaphragm suddenly

yield, and exclaimed I am relieved—I have just felt it give way. From that time he could speak and breathe well. This was in the cold season of the year and the application of the water was continued half an hour, till it made him tremble severely. He was then wiped dry, put in bed and covered with a great abundance of blankets, &c. After a few hours' warmth and perspiration took place, he was sponged with cold water to remove the superfluous heat, and no symptoms of the disease remained. But soreness of all the muscular flesh with violent headache continued a long time. He could not endure motion or noise, or be raised from his bed for more than a week.

If we reflect on the pathology of the disease and take into consideration the pathogenesis of the remedy, it at once becomes evident that it can not fail to cure. With as much certainty as cold water will make one shake and become rigid, will it stop the rigidity of Tetanus. There is no contingency in the case. When coldness pervades the muscular structure Tetanus leaves it, and if reaction is permitted to take place in a natural way by abundance of bed clothes, without artificial heat, there is no danger of its returning.

This treatment of spasmodic diseases is an illustration of the law "similia similibus curantur." It is a familiar fact that exposures to cold disposes to cramps in the muscles, trembling rigidity and stiffness; all of which are spasmadic symptoms. But its curative power does not end with these. All diseases which commence in functional derangements are also curable, in their incipient stages, with cold water, because then it is pathogenetic to them.

Fevers.

A man in the vigor of manhood had been faltering for several days, pain in the head and back, chills, heat, loss of appetite, &c. I told him he was evidently laboring under symptoms of typhoid fever. He said he could not think of having that fever then, his business required his constant superintendence. I told him I could stop it if he would use my remedy. He would do anything, he said, that would not endanger life. It was July, I had a large tub filled with water made cold as possible with

ice, which I poured upon him for half an hour, when he trembled severely, and said he hoped I would think it would do to stop. I told him I had engaged to cure him and could run no risk of failure, and continued to pour till the pulse ceased to beat in the wrists. He was returned to his bed with a great amount of covering, and after trembling a long time, warmth returned, a profuse perspiration started out, and the fever was gone. In a few days he was engaged in his business as before the attack.

A clergyman, Rev. Mr. E., had a parishoner dangerously sick with typhoid fever, whom he daily visited. Soon he found himself attacked with unmistakable symptoms of the same disease; had loss of appetite, coated and dry tongue, pain in the head, confusion of intellect, &c. I applied ice cold water, as in the preceding case, After the process he was dressed, found his appetite had returned, sat down at the table and ate a good dinner, which after fasting a number of days relished well. It was a perfect cure.

That cold water, when properly applied, will always arrest and subdue typhoid fever, in its incipient stage I have not the least doubt. But how far the disease may be suffered to proceed and a fair prospect still remain of suddenly arresting its progress I have not the means for a decided answer. It will depend much on the faith and consequent energy that characterizes the efforts that are made. On this point I have some experience and will present a few cases.

Mr. T., aged forty, a man of active habits and ordinarily firm health, had for nearly a week, been under the influence of typhoid symptoms. He had been rapidly losing strength, and the disease had made very considerable progress. I immediately applied the cold water; but when warmth returned instead of prespiration he was hot and dry, and exceedingly restless, had pain in the head and delirium. It was an unusually violent attack of typhoid fever in a matured stage. I had him put on a straw mattrass and told the nurse to place herself at the head of his bed and with a pitcher pour upon his head and breast a small stream of cold water all night without intermission. A tub was placed under the bed to receive the water. In the morning

his linen and bed were well drenched. He was considerably cooled and quieted and was not delirious; but his pulse and general appearance too strongly indicated that the disease was not subdued. I again poured the water upon him till he was thoroughly chilled and trembled exceedingly. This time, after the return of warmth, a free perspiration, the evidence of the crisis of the disease followed. The fever was subdued and all its symptoms gone; his usual appetite and strength returned and he was well.

There are some results following this treatment worthy of consideration. When warmth returns after the coldness, unless it is followed by a spontaneous persperation, the disease is not removed, or the patient essentially benefited by the process. But if warmth is soon followed by free perspiration, the symptoms are always mitigated if not altogether subdued. When the disease is thus broken up, the appetite immediately returns and the patient eats with the same desire and impunity as before the commencement of the disease.

An attack of the disease which I recently experienced myself is in point here. For several weeks I had been relapsing into a state of weakness both of body and mind; had pain in the head with violent throbbing, felt more or less through the whole body. One morning between seven and eight o'clock, I was attacked with bleeding at the nose so profusely I dare not trust any internal remedy with which I was acquainted. I immediately applied ligatures tightly around the arms near the shoulders, and the thighs near the groins; the result of which was to withdraw the blood from the general circulation, preventing it, after having passed down the arteries, from returning to the heart, thus retaining it in the extremities. I soon felt faint, sick at the stomach, and my sight began to leave me. But I kept the ligatures in place several hours, loosening them a very little. For four successive mornings I had a similar attack at the same hour, and resorted to the same treatment, using in the mean time other appropriate remedies. After the first bleeding my strength rapidly diminished, pulse became accelerated with a jerking beat; throbbing in the head increased and became universal; there was dullness of intellect and inability to think

closely. I had, also, a swelling and tenderness across the epigastrium, could not be touched or move without pain. During three days I had constantly colic pains with rattling, like approaching diarrhea, but no evacuation. Skin dry and hot, pulse one hundred per minute. I took China in different dilutions without effect. On the fifth day my friend Dr. Morrill called and pronounced it a case of typhoid fever, and said I might make up my mind to remain where I was a few weeks at least. I was not however prepared for that and immediately resolved to try the effect of cold water. Being seated on a stool in the bathing sink, I had it applied icy cold, after the usual manner, seventeen minutes; when I became very cold, trembled, teeth chattered and I returned to bed. But perspiration did not follow the return of warmth, and no perceptible improvement appeared. I again had it poured upon me half an hour. Before half that time had elapsed I was trembling violently, but felt determined to subdue the disease if water would do it in so advanced a stage. After being placed in the bed I did not cease to tremble for more than an hour. It was four or five hours before free perspiration commenced. The fullness, soreness and pain in the stomach and abdomen then disappeared; pulsative throbbing ceased, the pulses soon returned to their natural standing, and I felt a good appetite the same day. The disease was cured, because I had displaced it by pervading the vital organism with a decree of cold that superseded the disease and when reaction was established it was gone.

At a still later period in the typhoid fever, when the time for arresting its progress is past, cold water is yet a most valuable agent, and may be used with good effect in mitigating its symptoms, so that the patient may be conducted with safety through its periods of difficulty and danger. It may be used, and generally is, as a palliative by ablutions and sponging, to abate heat and restlessness. But nothing really effectual and permanent can be relied upon unless it is so applied as to cause decided rigors, to be followed by natural reaction.

A young Miss of delicate constitution, 13 or 14 years of age, had typhoid fever. I at first hoped it would not be a violent case and did not propose the cold water. But when I had been in

attendance more than a week, she had become very sick, alarming symptoms supervened, especially a diarrhea, which threatened to become uncontrolable. Her powers of life were fast failing, I told her mother I did not think I could get her through unless I should change the treatment, and then proposed the application of water She could not give her consent to effusion, in my usual way, but would not object to packing. I had eight thicknesses of cloth wrung slightly from cold water and put, turban fashion, on her head; and over these the same number again, wet in the same way; and over all thick flannels. I then doubled a sheet in the middle lengthwise, and again in the middle making four thicknesses, dipped it in cold water, wringing it but little, and wound it, swathe-like, round her body from her arm-pits downward, and over this another wet in the same manner, covering the wet cloth with dry flannels. In ten or twelve minutes they had become heated through. I immediately took them off, rinsed them in cold water to cool them and then wrung them from fresh cold water and applied them the second time. And again when they become hot I changed them the third time. She was now so much cooled she began to tremble, I let her remain trembling an hour, when I removed the wet cloths and had her enveloped in dry ones. After a few hours perspiration commenced; she was sponged with water to remove the superfluous heat. Her symptoms were decidedly mitigated, the disposition to diarrhea left her, the whole aspect of the disease changed, but the fever ran its ordinary period, when she recovered.

Disease in its inception is a unit, a negation of health; in which stage a comparatively moderate application of cold water, a wet cloth for instance, will not fail to stop its further progress. After having assumed definite symptoms and locality, it is still amenable to the power of this remedy, until in its progress it has changed the organic structures, or so deranged the vital movements, as to produce congestions beyond the power of reaction to remove. The more firmly the disease has intrenched itself in the functions of animal life, the more energetic and persevering must be the application of the water. Different diseases, however, have different susceptibilities to the control of this agent; and this is in proportion as the pathogenesis or

symptoms of the remedy, resemble the symptoms of the disease. Diseases originating in exposure and in which cold predominates, are more directly under its control, than those of different character and origin. Catarrhal or pulmonary fever brought on by a chill can be cured by cold water even in an advanced stage. I should not hesitate to make the application under almost any circumstances, unless the patient were actually dying or very near that point, because it is perfectly pathogenetic to the disease.

A young lady, twenty-two years of age, had the catarrhal fever. I told her at my first visit that I could cure her before the next morning. But when informed of the manner of doing it she said she had rather be sick. I studied her case with great care, and selected the best remedies I could; but after attending her a week she was unable to sit up, had fever, frequent perspiration, feeling of tightness in the head and chest, with cough and difficult respiration. I told her it seemed to be folly for me to be spending my time and energies in doing her so little good, when I could at any time cure her in twelve hours; and I would make a prescription and throw the responsibility on her if she was not cured the next morning; but if she would follow my directions I would assume it myself. It was winter, the water cold as it could be, and her mother applied it twenty eight minutes. She was thoroughly chilled and trembled violently. After warmth and perspiration, the superfluous heat being removed by sponging, she was dressed in her ordinary apparel. Her mother, on taking her place to superintend the supper table, was surprised by the presence of her sick daughter, who ate her supper as usual. She slept well that night, and the next day (being the coldest of the season), as I was opening the gate to make my morning call, about 9 o'clock, I heard footsteps behind me, and on turning round, behold, there was my patient. She had walked more than half a mile, made several calls and was on her way home. She said she never felt better in health in her life, and no symptom of disease returned.

Again I will offer my own personal experience. Since an early period of my life, I have been subject to attacks of influ-

enza or catarrhal affections, when exposed to cold, which have detained me from active business from a few days to as many weeks. Since I have practised in this way I have never failed to cure myself in from six to eight hours, and have always found myself in better health than before I took the cold. Reaction from the effects of cold water always imparts a vigor to the constitution it did not possess before, and for days and even weeks afterwards, a person will bear more exposure without danger of taking cold than at other times.

Any one, though of the most delicate susceptibilities, may be sure to escape injurious effects from exposure to cold and moisture, if their case is attended to in time, or on the first sensation of coldness or crawling rising up the back. If from exposure of the feet, immerse them in cold water, and the cold sensation in the back will immediately cease; and after rubbing them till they become warm the disease is cured. A cold that has become more fully seated may yet be removed by enveloping the patient in many thicknesses of cold wet linen, till a sense of shivering is felt, letting them remain till warmth and perspiration follows.

Puerperal Diseases.

These, pathologically, have a near resemblance to catarrhal affections, both being alike sensitive to the slightest exposure to cold and dampness, usually followed by rigors, trembling and an inclination to perspiration without tendency to relief. Both, too, are alike amenable to the effect of cold water, and with equal facility arrested and cured by that agent. It is a familiar fact that after parturition, very slight exposures produce chills, followed by fever, and life is often endangered. Hence the universal caution lest damp linen or undue coldness should approach the person of a lying-in patient; the propriety and justness of which, instead of an objection to the application of cold water, is the pathogenetic indication that, under discriminating control, it is the infallible remedy for the disease. On the first indication and during the chill, double a sheet in the middle lengthwise, and then again, making four thicknesses, dip it in ice cold water, wring it moderately, and envelope the abdomen like a swath, and over it a dry flannel blanket. In

less than a minute or as soon as the wet clothes touch her the shivering will cease, and the sense of coldness will immediately be gone. Let her lie covered till perspiration commences all over the surface, then wipe her with a cold wet cloth, to remove the superfluous heat, and she will immediately be as well as though nothing had occurred. But if the disease had made farther advances, if chills had been followed by heat and perspiration, increased frequency of pulse, distension and tenderness of the abdomen, confusion of intellect or delirium, two sheets must be put on the abdomen, one over the other, and over these the dry flannels. If the disease has made considerable progress, even this may not cool her sufficiently, and it will be necessary, after fifteen or twenty minutes, to remove all the wet cloths, cool them by dipping in cold water, then wring them again from fresh cold water, and apply them as before. This operation must be repeated till the patient becomes cold and trembles. Then remove the wet cloths, cover her with dry blankets, and let her remain till she becomes warm and perspires freely, when the superfluous heat should be removed with a wet cloth, and the disease will be subdued. The pathogenesis of cold water being so fully adapted to the symptoms, it follows that it will be the remedy in a more matured stage of this than of ordinary diseases.

In illustration of this treatment, I will give one case.

A woman, on the fourth day after the birth of her third child, in the cold season of the year, left her bed, and walking barefooted, on an uncarpeted floor in her night clothes, took cold, had chills and shuddering, followed by heat. The next day her case became alarming. When I saw her she was in an unconscious delirium, pulse one hundred and forty, abdomen distended and sensitive to pressure, frequent bloody serous evacuations from the bowels, attended with disinteric griping pains, and an entire coldness of the extremities. Here seemed to be a formidable array of symptoms against ordinary treatment, but all yielded to the application of cold. Without delay I applied the wet cloths to the head, as described above, and then sheets to the abdomen, all wrung out of ice cold water. Almost immediately the extremities began to be

warmer, the pulse less frequent, the circulation was equalized, perspiration at length commenced, the bloody evacuations ceased, and the next day all the untoward symptoms had disappeared, and she was nearly as well as if nothing had occurred to interrupt the ordinary return of health. In this case the first application of the cold cloths was sufficient, and she recovered soon as usual in ordinary cases.

Extreme Cases.

Cold water, if pathogenetic to the disease, is safe and reliable, even when the dynamic power is almost annihilated by the violence of the attack.

Several years ago, while a peculiar and malignant disease was prevailing on the Isthmus of Panama among returning emigrants from California, and many died, I was called in consultation to a man who had contracted the disease on his way, but had arrived home before its development. He was without the least appearance of consciousness, and his muscular fibre universally without tone, and flexible. I proposed the application of cold. It was winter, and snow was falling. I had a tub filled with water, to which snow was added, till it was about the consistence of gruel, which I commenced pouring upon him. In from fifteen to twenty minutes the muscular tone was evidently returning, and with it signs of consciousness. The first words he uttered were, "It rains! it rains!" at the same time making motions as though he was endeavoring to escape the falling shower. I continued the application till he trembled violently. When there had been full reaction with free perspiration, he was decidedly relieved, and the main features of the disease were subdued. It was, however, a long time before he fully recovered from its effects.

I was called one evening to visit a child in a neighboring town, short of six months old. The attending physician had seen it several times during the day, but said it would not be necessary to call again, as it probably would not live till morning. I proposed the application of cold water. The mother objected, fearing it would die in the operation. I told her it might not recover, but that cold water, properly applied,

would not shorten its life. I also said to her, you know the case is considered a desperate one, all expect it will die. I might join in the decision and do nothing, and no dissatisfaction would be felt. But I propose a treatment repugnant to the feelings of all, and if it should appear to shorten its life the whole community would be arrayed against me. I had better lose a regiment of children in the common orthodox way than to have this child die in my hands. I should not, you may depend upon it, place myself in such a predicament before the public. I poured on the water, with the mother's consent, till it trembled with cold; and it takes a much longer time to make a young child tremble than one would expect. I then wrapped it in blankets, and waited till warmth began to return, and told them when free perspiration had commenced, to wipe the child with a cloth wet in cold water. The violence of the disease was subdued, and the child speedily recovered.

A child, two years old, contracted the measles, but when it was time for the eruption it did not appear or was repelled. When I was called, some days after, the child was entirely blanched. Not the least shade of flush or color was to be seen in its face or lips or tongue; respiration was exceedingly frequent and oppressed. I poured on the water twenty minutes, when it trembled. After reaction it was somewhat relieved. The next morning the same process was repeated, and again in the evening; the symptoms each time improving. The child slowly recovered.

Scarlet Fever.

I think this disease, at its commencement, or in its early stage, can always be subdued and annihilated with great certainty.

A child about eight years of age had an attack in its most malignant form. Her pulse was almost as frequent as could be counted, respiration rapid, attended with frequent sighs, tonsils swollen, ash-colored spots had begun to form, the fetid breath peculiar to that disease and the exanthema strongly marked. I told the mother the disease seemed prepared to run a rapid course, and must be stopped that night, or I feared it

would prove fatal. It was then evening; cold water was applied, and it occupied the larger part of the night to get her sufficiently cold, and obtain a reaction, but it was accomplished. At ten the next morning the pulse and respiration were reduced to their natural standard, all swelling in the throat and about the neck was gone, the offensive odor of breath had disappeared, and the skin was free from exanthema.

It was fearless, determined and persevering effort that broke up the disease, and I think it would do the same in the early stage of every case. And I fully believe that the more malignant and violent the attack, the more certain the cure, because there will be less delay in commencing treatment.

Yellow Fever.

I have never had an opportunity to treat a case of yellow fever with cold water. But I have no hesitation in predicting that any physician who, in its early stage, will apply it as described in this essay, and will continue to repeat the application till it is followed by reaction and free perspiration, will find the disease will be arrested and cured with great certainty.

Diseases of the Brain.

That phlogistic condition, with determination to the head, to which children are liable, and which so often terminates in congestion and serous effusion in the brain, may always be removed, and the circulation equalized by cold water. A case would not be hopeless, even though dullness of intellect or stupor and vomiting had intervened, showing the membranes of the brain are involved in disease. If cold water is applied till the child has become extremely cold, and the pulses have ceased in the wrists, after reaction there will be an improvement. But if the disease is not subdued the treatment must be repeated till it is, or it will soon return to its original severity. The intensity of the coldness should be in proportion to the obstacles to be overcome. The result will be according to the perfection of the reaction, indicated by free and universal perspiration.

Colic.

Several years ago I was called to see a man who had been afflicted with colic about forty-eight hours. He had; during that time, been under other treatment not homeopathic, without any relief; said he had not slept since the attack. I gave him colocynth, which relieved his pain, and in fifteen minutes he fell asleep, and slept an hour. He then awoke with return of pain. I closely attended him twenty-four hours, trying a variety of remedies, none of which afforded any relief. He was about dismissing me to try some other treatment, when, as my last prescription, I proposed an injection of two quarts of ice cold water, told him to be sure to retain it, which he could easily do. He had the injection, the pain immediately ceased, and did not return.

If we consider the pathogenesis of the remedy, and the indications to be met, it is evident it must cure the disease. Colic is the spasmodic contraction or irritation of the muscular fibres of a portion of the intestinal tube, by which the canal is closed, or unequal peristaltic motion caused. Here we have an agent, that when applied so as to make the part cold, never fails to remove spasms and arrest irritations, because for the time being it takes away the muscular power. In this case, beside the relaxing principle of cold, you have the mechanical power of pressure, and the whole intestinal canal may be filled as tight as a bladder without a disposition to expel the water. There will then remain little opportunity for colic, or ileac passion, or intussusception of the intestines to be developed.

Sprains.

A man sprained his ankle joint by turning his foot in. When I saw it, a few days after, it was very much swollen, of a bright red color, and so sensitive and painful he could not endure the least motion of the joint. I ordered him to hold his foot and ankle in a bucket of cold water for half an hour, then wrap it in flannels till warmth and reaction were established. If he still felt pain, he was to go through the same process again; and so repeat it till the pain ceased and the lameness

was cured. Three days afterward, having repeated the treatment several times, he told me his ankle was as free from lameness as it ever was.

I have treated several other cases in the same way, and with the same results. A simple sprain will always promptly yield to cold water, applied as above. But in a case that does not, there is evidence that there is something beyond a simple sprain, and must be treated as sublaxation, though there be no deformity apparent.

Periostitis.

A boy playing in cold water in the spring of the year, wet his clothes, and not changing them took cold, had a chill, followed by intense pain in the thigh bone, with high febrile action. The thigh became hot, sensitive, throbbing, and so painful he had paroxysms of loud screaming from the severity of the anguish. It was evidently inflammation of the periosteum, the tendency of which was death of the bone. I applied the cold water, and after reaction had taken place, I had him placed on a mattress, and a very small stream of cold water poured on the diseased part through the night. The next morning he was considerably relieved, had less pain and less fever, but it was not certain the disease was wholly arrested in its progress, and to make it sure I poured on him the cold water again. After reaction the disease was cured.

A young man, in consequence of stepping on a sharp point, had inflammation of the deep seated aponeuroses and ligamentous expansions of the bottom of the foot. Those who have seen intense inflammation seated on those parts know well how to appreciate the sufferings he endured. They were intense. I ordered him to hold his foot in a bucket of cold water half an hour, then wrap it in flannel till warm. If the pain returned, he was to repeat the process. After the third time, the pain and heat were gone, and did not return. But as suppuration had commenced, in a few days pus made its way up between the metatarsal bones to the top of the foot, and the inflammation being cured, it discharged itself without pain, the opening closed up, and in a few days the foot was well.

Panaris or Whitlow.

In case of whitlow the whole hand, up to the wrist, should be immersed in cold water half an hour, then wrapped in dry flannel. In the incipient stage this cures the disease. But if suppuration has commenced, it must be repeated till inflammation is subdued. Pus will then quietly work its way through the textures to the surface, and discharge without pain. The abcess soon heals, and no disease of the bones or periosteum will remain.

Method of Application.

At the commencement of an attack, or when coldness, and a sensation of creeping along the spinal column manifest themselves, a few layers of cotton cloth, wet in cold water, and pinned around the waist, enveloping the body; also other wet cloths, enveloping the head, and over these a dry flannel, will immediately stop all sense of shivering. The patient should be closely covered in bed, and a few doses of aconitum administered, till free perspiration breaks out, when the disease will be subdued. But if it has been of longer duration, and the concatenated movements constituting the disease have become more established, a more intensified application of cold will become necessary to subdue it. My uniform method is the following: I have the patient divested of clothing, standing, or sitting on a stool, in a large tub or bathing sink, with a thin cloth around the loins, or shoulders, as circumstances may dictate. I place myself behind the patient, and with a small pitcher, pour upon the head, back and shoulders, a little stream, at the rate of a bucketfull every five minutes, constantly changing its direction, so as to flow over the whole body. The time occupied in the process is governed by circumstances, as the stage of the disease, the obstacles to be overcome, the season of the year, &c., but always till the patient becomes very cold, and trembles severely. The colder the water the better its results. I never apply cold water with a feeling that it is an uncertain or hazardous experiment, but having decided that it is pathogenetic to the case, I am bound

to carry it through. If the first application is not followed by sufficient reaction to remove the disease, I repeat it, making the patient still colder, and if necessary yet again, till the desired result is obtained. In doing this there is no danger. When the patient is sufficiently chilled I have him, on each application, enveloped in an abundance of flannel, and covered closely in bed, till warmth and perspiration ensue. During and after the application of the water, I give aconitum once an hour, to promote reaction and perspiration. When the object is accomplished by a free perspiration over the whole surface, the patient is sponged with cold water to remove superfluous heat, and ordinary clothing put on. In all recent attacks of disease where the dynamic power is paralyzed, or oppressed, or affected with spasmodic action, though the extinction of life be imminent, cold water is pathogenetic, and is the remedy, because it interposes between the vital organism and the disease, establishing its own dynamic power, and freeing it from the disease.

This remedy may never come into very general use, but it is encouraging to a physician to know, when a deadly epidemic baffles all ordinary remedies, he has one in reserve upon which he can fall back, confident that it will stop its desolating effects. I would ask our older brethren, who remember the spotted fever that spread through the Northern States and Canada in the early part of the present century, decimating townships and neighborhoods, if it would not have been worth something, if they had known that cold water would have arrested and subdued, in its early stage, every case of that disease. This it would not have failed to do, because it was pathogenetic to the disease. And will it not be of some value in future should it be found to arrest the cholera and yellow fever, in their incipient stages, which I have the fullest belief it would do.

The cases I have presented in this essay are some of the most important and appropriate my practice has furnished, to illustrate the treatment and its results. The track marked out is entirely new. The conclusions arrived at seem to be legitimate deductions from the success of the experiments made. I

should be willing to rest my reputation, as a man of science and discriminating observation, on the fact that every other physician who will follow out the practice with boldness and energy, will obtain the same results, and come to the same conclusion; but the indolent and listless I would not encourage to attempt it, for with such failure would be an inevitable result.

V.

WATER AS A THERAPEUTIC AGENT,

BY J. P. DAKE, M. D.,

OF PITTSBURGH, PA.

The object of this report, in compliance with the appointment of the Institute, is simply to set forth water as a therapeutic agent.

Much might be written of it as a diluent, as a cleansing agent, and as an article of nutriment. Its importance in each of these respects, has been realized, more or less, in every age of the world. But it is necessary to observe a distinction between the uses of water in these capacities and its uses in special therapeutics.

While the art of healing rested upon clinical experience alone, or upon theories, half a dozen of which were concérned in each case of disease, it was not so important to distinguish the things which directly aided in the restoration of health, from those which operated only circumstantially.

But since Hahnemann's discovery of the law which fixes the relation that must subsist between a disease and its remedy—since we know that an agent can remove a disease only when it is capable of producing its image — we are compelled to single out such articles as have a determinate influence upon human health; or, in other words, to make up our Materia Medica of such agents only as can be tested and studied in their action upon the healthy human organism. All other means favorable to health, however important, must be elsewhere arranged and presented.

It is, further, the object of this report, to set forth water without special regard to any influence it may exert by virtue of its constituent elements or chemical characteristics. Considering but two of its properties, liquidity and temperature, it must be presented under two heads, or as two distinct agents, which we may style AQUA FRIGIDA and AQUA CALIDA.

It is but proper for me, here to state, that I have been kept these three years from making this report by a purpose, first to make a thorough proving of cold and of hot water, so as to be able, distinctly to portray their respective influences. Being disappointed in the accomplishment of that purpose, from year to year, I have concluded now to give you the outline of my views, and to indicate the work, which I hope to accomplish at no distant day.

Every organ in the human body is actuated by its own peculiar forces.

The forces of one organ can not dwell in, or act through, another.

An organ is, therefore, in a healthy condition when its forces, acting regularly, can secure its own preservation, and cause its offices to be fully performed.

The organism is in a healthy condition when the forces of all the organs act regularly and, therefore, harmoniously.

The forces of the organism, known as the vital forces, are subject to disturbance primarily, but from two sets of causes — those that too much *increase*, and those that too much *hinder* their action.

In the opinion of your committee, the diseases having their origin in dynamical influences, in fine, all diseases, except such as are from a mechanical or chemical destruction of tissue, are the result of an accelerated or a retarded action of the forces belonging to one or more organs.

Fletcher, in his able work on Physiology, says —"Suffice it to say, in conclusion of this subject, that to every action, molecular or sensible, of every organized being, a certain quantity of caloric — that is to say, a certain temperature — is indispensable; and that if it meet with either more or less than this definite quantity from without, it must increase or diminish."

From these premises, and as I consider them, physiological truths, the conclusion comes, that by the application of cold and heat, we may directly accelerate or retard vital action, and thus control the conditions of an organ, or set of organs, or of the organism itself, in respect to health.

Water, on account of the ease with which we can obtain and apply it and change its temperature at will, offers us the best medium for the communication of heat and cold to the human body.

Aqua Frigida.

By this term I would represent water of ordinary purity, such as occurs in springs, rivers, and from the clouds, and of a temperature below that of the surface of the healthy human body. Its potency, so to say, is increased by lowering its temperature.

As a means of cure it was not unknown to the earliest practitioners of the healing art. History abounds in instances of its successful employment, and honorable mention is made of it by Hippocrates, Celsus, Galen, Rhazes, and other ancient and distinguished medical writers.

During the last thirty years, or since the reign of Priessnitz at Græfenberg, it has come into more general use, and "water cures" have sprung up in every enlightened part of the earth.

This article, like drugs, has been employed, for the most part, under the guidance of empiricism, or of the thousand ever-changing theories which belong to the schools.

Many, growing enthusiastic in its use, have thrown all other remedies aside and built up a kind of exclusive system in which water is all and in all. Not a few, growing yet more enthusiastic, have looked upon it as so very excellent that it could not, by any possibility, do any harm; but that, in every case and under all circumstances, it must be good, and only good, and that continually.

This delusion, leading on to the ignorant use, or in other phrase, wholesale abuse, of baths of various kinds, has done immense harm to health and shortened many a life.

The fact that cold water is so potent to cure, in cases where appropriate, should teach the world that it may be yet more

potent to kill in cases where it is not appropriate. The flickering flame is often extinguished by a drop, while the curling sheets but blaze and grow yet broader and more exultant as they drink whole torrents.

In the absence of any thorough proving of cold water, we must gather our knowledge of its physiological effects from various sources. From information thus obtained we find that in its direct or immediate influence, it depresses, or in other phrase, hinders vital action. This hindrance may affect one or more organs, or the entire organism, according to the locality and extent of the application. When the forces of any particular organ are so affected, its functions are not fully performed, and a diseased condition is the result. This is true of every particular part and tissue of the human body, however minute and seemingly unimportant.

It is not my purpose here to set forth the symptoms which indicate depressed or hindered action, in particular organs, nor to point out the special therapeutic uses of cold water.

The great law which governs medicinal action, also governs the influences of this agent in the cure of disease. This indisputable fact leads me, with emphasis, to say, that *Aqua Frigida* is appropriate and useful only in such cases as are characterized by want of action, in the organ or organs primarily affected. Where there is coldness or torpor, or tardiness of action, no application of water is speedily and permanently curative, unless it be of a temperature below that of the parts to which the application is made. In support of this conclusion, I might adduce abundance of facts were it either necessary or proper on the present occasion.

Aqua Calida.

By this term I would designate water of ordinary qualities, and of a temperature above that of the surface of the healthy human body. Its potency, so to say, is increased by an elevation of its temperature. This article also, was employed by Hippocrates, and concerning its use we have the following significant and suggestive observation from his pen: "A bath

enfeebles when it exceeds in temperature that of the body immersed in it."

Empiricism has chiefly governed the uses of hot water in the treatment of disease, though it has been esteemed as highly important among the means of the medical profession. Many volumes have been written, as far as possible, to set forth the cases in which this agent, as well as its opposite, might or might not be properly employed. But, having no basis better than that afforded by empiricism or ever changing theories, these works, like the manuals of medical practice, have been continually changing and contradicting each other. Not one of them has ever set forth the uses of water, as indicated in the clear light of Physiology, and more especially not, as directed by the paramount law of cure which God has ordained.

In the absence of any thorough proving of this article, we must gather our knowledge of its positive effects in the human system, from all sources.

Having thus gathered, we find it clearly manifest, that hot water primarily increases or accelerates vital action in any particular organ, or set of organs. This acceleration of forces, in any organ, when beyond the normal standard, must lead to an overwork and a consequent disordered state of that organ and the parts thereon depending. I can not here attempt to set forth the symptoms which indicate over action of the special organs or tissues; nor to name the particular uses of hot water.

It serves my present purpose to say, that the law to which I have before referred, as governing the curative action of cold water, also directs us to the only proper therapeutic uses of hot water.

Where there is congestion, heat, acute sensibility or too great rapidity of action, no application of water is truly safe or efficacious except it be of a temperature above that of the parts to which the water is applied.

This conclusion, in regard to the therapeutic uses of hot water, has not been arrived at hastily nor without due investigation. Proofs of its correctness both in theory and in practice I hope to give the profession at another time.

In conclusion I must say, that the further I advance in a knowledge of the means relied upon wherewith directly to impress the organism in the cure of disease, the further I see the law *similia* extending. Its pointings, clear and distinct, like mountain summits above surrounding fogs, lead us securely on our way; while those alone are left in darkness to grope from point to point, who choose to tread the footprints of those gone before, or to follow the dim pencillings which some master minds have made in the shifting sands of life's great thoroughfare.

VI.

COMBINATION OF POTENCIES,

BY D. M. DAKE, M. D.

GENTLEMEN—In the appointment of your Committee on the "*Combination of Potencies*," you seem to have submitted for consideration, two questions, viz: First—Is there not some common ground on which we all may meet, and, without the sacrifice of principle, harmonize our opinions on the mooted subject of "*potency?*" and Second—May not such a ground of union be reached by the combination of various potencies in a common preparation of each drug, in such a way as to secure the complete curative action of which all the potencies are capable, acting separately?

There may, perhaps, exist ample reasons why the second question may not be answered in the affirmative; but where is to be found a plausible excuse, even, for the wide discrepancy of views entertained on the subject of drug preparation best suited to the cure of disease? The observer, and not the phenomena and facts observed, is blameable for this state of things among us, for in this, as in every other department of nature, we must look for uniform laws, that produce and govern phenomena the same through all time, however widely human opinions may differ with regard to them. On the stability of natural law we rest our hopes, and in hope, we have shadowed forth an answer to the first question, leading us to anticipate a time when the opinions of correct observers and reasoners shall be harmonized by the adoption of a uniform pharmaceutic

formula, and it may be by the combination of various potencies in one uniform preparation of each drug. It is to this latter point that our attention is directed in this investigation; for, if the second question should find an affirmative answer, the answer to the first follows by necessity.

That cures are affected by the lowest, highest, and potencies intermediate between the two extremes, no correct observer will, for a moment, doubt; and we have reason to think that it has been by the adoption of high, low, or intermediate potencies, to the exclusion of the rest, that observers have reached such a diversity of opinion, and views so opposite. Each has witnessed the favorable results of his practice with his favorite potency, compared with which, the results of allopathic practice must ever suffer invidiously, and there remains contented, without further investigation to find whether still better results may not be reached by other preparations. It would seem to be the clear duty of each to search for the complete range of curative action of the materia medica, and from the cumulative fruits of observation, conclude opinions satisfactory to all. The time is at hand when all the potencies or dilutions of our drugs usually employed in practice, will be adopted by the great body of the profession, when opinions reached by the co-ordination of too limited a range of facts, will be abandoned for the adoption of a broader and purer philosophy, and when the terms "*high*" and "*low dilutionists*" will lose their power to charm, and drop their poetic beauty as now enunciated.

When we shall thus reach and stand side by side upon this common ground, in what way are we to escape the embarrassment in practice occasioned by making of one drug many medicines, between the appropriateness of which, in all various cases, we are at every step called upon to discriminate? What shall be our rule of judgment, or by which we are to select one potency of a drug from the rest, and know which, if either, possesses power to operate in any given case, in a curative manner? Most, and perhaps all of us, have witnessed the waste of much precious time, and the happy moment for doing good slip forever from our grasp, while engaged in a fruitless search for the right preparation of a well-chosen drug. And

where is the remedy for this evil? We may select our drugs in given cases in perfect obedience to our law of cure, but miss the potency and fail to cure. Science directs us to the drug, yet most of our practice is purely empirical. There fell to the notice of your committee, a case of facial neuralgia of five months' standing, during which the treatment was conducted by one of that exceedingly accommodating class of physicians who practice to suit their patients—"give either kind of practice." He had no faith in the high potencies or dilutions; had tried about thirty different remedies, as he termed them, beside a great number of "*adjuvants, judiciously chosen.*" *Nux vom.* in various potencies below the tenth, none above, had been administered. When I entered the house, the patient was suffering the most excruciating torture; it was morning; had slept none all the night before; one dose of *nux* 200, gave almost instant relief. Within fifteen minutes the patient was in a sound sleep, which lasted for over two hours. On waking there was no pain; there was no further return of the disease. This is only one of many cases that bring to view the fact, that much time is frequently squandered in search of the right potency. Is there not a way to remedy this evil? May it not be done by combining various potencies, making a uniform preparation of each drug?

Is there anything in analogy, fact or philosophy, that contraindicates the feasibility of this plan, a demonstration of the practicability of which, would be of such vast utility in the dispensation of therapeutic means? To perfect, by simplifying, the rules of art must ever be regarded the crowning glory of philosophy and the culminating achievement of science. But is it not evident that we have complicated and rendered ambiguous our artistic formula, by the poly-preparation of our drugs? Of each drug we have, so to speak, made many medicines, whilst of many drugs our allopathic cozens have made one medicine. We avoid one by going to another and an opposite extreme, scarcely less dangerous and perplexing (where we are too often left to guess out our uncouth way, in the midst of phenomena quite as ambiguous as those attendant upon poly-pharmacy). The old school physician has no law by which to

discriminate in the selection of drugs appropriate in any given case. We have no law by which to select from the many, that potency of a drug to which the system will respond in a curative manner, no matter how wisely we may discriminate between drugs in our selection. The old school, to cover up the trouble and remedy the evil, mix several different kinds of drugs in one preparation, to increase the certainty of obtaining the one that will cure, and simplify, but by no means perfect, their rules of art. We propose to simplify our formula by the combination of various potencies of an identical drug, in one preparation. And to determine whether this simplifying of our artistic formula looks towards the perfection of our rules of art, is the question to be settled; and to this question we will turn our attention.

Something over five years since my attention was arrested by the thought, and the thought became at once mother to the hope, that greater simplicity and accuracy might be arrived at, by the combination of various potencies of each drug in one preparation, than at present attainable. Hope found in doubt a ready companion and their offspring was effort to find the truth. I began by combining several potencies up to the thirtieth, usually the 3d, 6th, 12th, 18th and 30th, 5 drops of each, in a two-dram phial, to be filled with alcohol, and thoroughly shaken; at first my trial was confined to a few of the leading medicines. The list was gradually widened until about one year since, when I adopted in practice the combined potencies to the exclusion of all others. Since that time, I have employed, with the potencies above indicated, the higher, frequently the 100th and 200th, and in many instances the 2d, 4th, and as high as the 8000th potencies. So highly gratified was I with the result of my observations up to one year ago, that I sent to the Institute, at its meeting in Brooklyn, a paper suggesting the trial of our remedies thus prepared, but by the oversight of my brother, it was never read or presented to you.

At every step, I have become more and still more convinced of the feasibility of the plan, until I feel convinced that its practicability is demonstratable that there is nothing in fact or philosophy to militate against the plan. At first I had fears

lest the forces involved in the free solution of our drugs might in some way defeat what seemed to me so desirable an object. The first opposing thought was, that the several potencies might unite to form one, and that the lowest in the combination. Others to whom I communicated the plan raised the same objection, but the objection lacking the force of a deduction from facts, had no influence to dissuade me in my undertaking. I took new courage on reading the paper of Dr. Joslyn, presented at your last session, for I then thought, as I do now, the premises there clearly stated which, followed to their logical consequence, must lead to the demonstration of this plan of preparing our drugs, as the ground of our ultimate harmony of views on the mooted question of potency. The major premise furnished in the paper referred to, though not formally stated, may be given briefly thus: Homogenous particles of sufficiently dissimilar magnitude may exist together and retain their identity uninfluenced by each other, *i. e.*, they will not be "*depotentized*," to use the Dr.'s own expression. In view of facts, this proposition comes home to the mind with all the force of an established truth. And receiving it as such, to determine what constitutes the requisite degree of dissimilarity in the magnitude of particles, to prevent "depotentization" by their combination, is the next step in the path of investigation. And how shall this be determined? In the light of facts, of course. And to them we appeal, relying upon their unequivocal indications. But first of all let us see whether the foregoing proposition, however truthful, contains or expresses the whole truth on this point. Has it ever been determined by any careful experiments, and reasoning from facts thereby elicited, that consecutive potencies or dilutions "depotentize" each other when brought in contact? If so, theory must yield to the testimony of facts. If not, the question is yet open, and one theory is as good as another founded, as all must be, on conjecture.

If correct observers witness the curative action of the first trituration of mercury, in systems already saturated with crude mercury; if natrum muriaticum in the 1st, 2d, or 3d dilution acts favorably in systems containing the crude substance; if the direction given by some experienced practitioners, among

whom, if I am not mistaken, Hahnemann may be numbered, to dissolve a drug in water and increase its potency each day, by adding to fresh water a fraction of that left from the previous day; and finally, if, knowing the drug in any given case well chosen, we find good reasons for giving increased, or the higher and still higher potencies, in case the previously given do not act in a curative manner until we reach the one that will, what must be our inferences? Most clearly: 1st—That consecutive potencies though combined, will not interefere in the action of each other; and 2d—That several potencies combined will allow each to act as though used separately. Are the foregoing correct inferences from the fruits of correct observation? Have observers been constantly deceived, mistaking at every step coincidences for the effects of their imagined remedies? I think it would be as logical to deny the evidence of sense in any other department of observation as in this. We have had, and still have in our ranks, many close observers whose acumen it would seem almost profanity to doubt, and on the fruits of their observations we must rely until we can improve them by improved facilities for doing so. We must accept, as we do, the materia medica at the hands of others, the results of their observations and experience, or open ourselves to the just charge of temerity.

If natrum muriaticum is known to cure in the third potency, we must infer that the crude material is inert, in a certain sense, and that it in no way interferes with the action of the third potency. The sixth potency exerts a curative action in cases where the third fails. Again, it has happened that the tenth, fifteenth, twentieth and thirtieth, have in their turn cured where the lower of these, respectively, have failed to impress the system in a curative manner. Cases have happened where, or in which the two-hundredth, two-thousandth, or even higher potencies, have effected speedy cures, several of the lower having failed to evince a curative power. And is it not fair to conclude, that each potency may act independently of all the rest, thus administered, though mixed or combined in one preparation? Surely the inference would seem legitimate, from the foregoing generally admitted facts, that several potencies may

exist together, and the one to which tho system will respond in a curative manner, be left free to do its work undisturbed by the rest. It seems clear that a sufficient number of well defined facts indicate with great plausibility, if not with convincing certainty, that several potencies of one drug may be combined in one preparation with incalculablo advantage, by simplifying the dispensation of our therapeutic means. Is it good practice to increase the potency of a well-chosen drug by daily adding to fresh water a few drops left from the day previous? If so, is it not evident, that not only various, but that consecutive potencies will act together, leaving each to exert its curative power as though given alone? Observation and experience may enable others to state with certitude, that the consecutive potencies, when left together in free solution, combine and reduce the many to one, and that "but little different from the lowest of the two." This conclusion seems to be more the offspring of Dr. Joslyn's theory of solution or dilution, the correctness of which I will not question in this connection, than as an inference from facts observed in practice. And whether true or otherwise, facts must finally determine. Let this be as it may, it can in no way affect the conclusion so clearly indicated by existing and known facts, that several potencies of each drug may exist together in one preparation, leaving each to exert its curative action as though not in the presence of the others.

We have many facts pointing to such an inference. And until the question raised by Dr. Joslyn with regard to consecutive potencies acting in combination thus, is settled, we only need be careful that there shall be a sufficient disparity in the magnitude of atoms in the potencies employed to prevent their reduction to one, and that "but little different from the lowest" of them all.

Some fearful souls misapprehending this, may start back and exclaim: "*Humphreyism!* Humphreyism!!" Let it be distinctly understood that this proposition points in no way to polypharmacy. This plan directs the combination of several different potences of the same drug in one preparation, Humphreys to the combination of several drugs, on the ground of a presumed

similarity of action. This in consonance with our therapeutic law, his in direct violation of it. This as a logical inference from the rich fruits of experience, his from a mere dogma, or hypothesis. Between the two plans there is no analogy; as the slightest attention to the subject will suffice to demonstrate to the reflecting mind, it is very easy to understand, in the light of established truths of philosophy, how the several potencies may exist together in free solution, from the crude drug out to infinitely small particles. That the ultimate particles of water and alcohol are spherical, is quite demonstrable, and there must exist between said atoms spaces varying in size or diameter, from the point where repose the crude particles of a substance, down to the point where the globules come in contact, between which an almost infinite number of particles of dissimilar magnitude may repose without disturbing the relations of the particles of the menstruum or solvent to each other. In a saturated solution, as it is termed, when a solvent holds in solution all it can of the crude material, we have the crude particles held in equilibrium, equi-distant from each other. Said particles are compelled to such equilibrium by the attraction of the particles of the menstruum for each other, and not by any attraction between the particles of the menstruum and those of the drug.

Take for instance a saturated solution of common salt which to my mind is only apparently so; in it let there be just as much as the fluid is capable of holding and no more. Then add to that the first trituration of salt in a sensible quantity, if a union takes place between the particles of the crude and triturated substance, particles will be found so large as to disturb the particles of menstruum to each other, and in obedience to the laws of gravity find their way from among the particles of the fluid and be found in the form of a deposit. Such is not the case as the simple experiment will. show, but the divided or fine particles of triturated salt would repose in the interstices between the globules of the fluid out from the point where rests the crude particles almost to infirnity in magnitude, to the point of contact of the menstruous particles. To the crude material and first trituration, add the second and third triturations

and so on up to the eight thousand potency—until the point of real instead of apparent saturation shall be reached. If all the potencies thus combined unite, we should have a demonstration of the fact in the deposit on the one hand, and the neutral state or non-medicinal menstruum on the other.

If all the potencies should unite to form but one and that but little different from the first, or lowest in the combination, of course the range of action of the drug would not be increased beyond that of its crude state by the combination. But unless I have very much mistaken the indication of facts observed in practice with the combined potencies, such is not the case. This may be owing to the disparity in the magnitude of particles in the potencies employed. I have never tried the consecutive potencies combined, but have given them in succession which amounts to about the same thing, i. e., when given in succession they would exist together in the system, and be quite as liable to interrupt each other's action as though combined before administered. With better opportunity for observation I hope at another time to lay before you an extended view of this subject, bringing to view other phases and points I am not prepared to dwell upon now as collateral, and further evidence of the practicability of the plan before us. In the mean time your co-operation in the work will be expected. Let each try and I trust all will be satisfied with the action of drugs prepared after this plan, that several potencies of a drug may be combined in such a way as to secure the complete curative action of the several administered separately. Let this be demonstrated and we shall have gained a point second in importance only to our law of cure. The physician thenceforward may enter the sick room careful only to select the appropriate drug. All of which is submitted with the hope that the whole matter may be more thoroughly investigated by those capable of doing more ample justice to the subject, than your humble servant.

VII.

SECONDARY SYPHILIS.

Case of Eight Years Duration, and Cure.

REPORTED BY WM. E. PAYNE, M. D.

The following case of *Secondary Syphilis* came into my hands in March, 1851. It was contracted in May, 1850, and first appeared in the form of a small *chancre* on the *prepuce*. For the first nine months the case was subjected to Allopathic treatment; and under the employment of washes, ointments, etc., after a severe inflammatory process of about six months' duration, the *chancre* was healed. About the time the local inflammatory process subsided, a syphiloid eruption of a reddish brown, or copper color, appeared on the temples, face, forearms and legs, together with severe rheumatic and wandering neuralgic pains about the head, limbs and other parts of the body. These pains were greatly aggravated at night, and during easterly and damp weather. The mucus membrane of the fauces and nose was in a highly irritated condition. On the *septum* of the right nostril there was a tuberculoid formation; and on the tonsils, distinct erosions which gradually deepened into well defined ulcers. There was a constant sensation of burning and dryness in the throat, and a disposition to hawk up mucus, which was discharged in small quantities. The patient was in the hight of this eruptive, rheumatic and neuralgic period when he came to me. I prescribed *merc. sol. H.* 30th down to the 1st centessimal attenuation, but without

benefit. I then gave *merc. corr.*, with no better results. This want of success with the mercurial preparations, led me to question whether the case was not already complicated with excessive mercurialization, and I accordingly commenced the use of mercurial antidotes. *Hep. sulph.*, *nit. acid*, *aurum*, and *kali hydriodicum* were employed, but without any apparent improvement. Under the use of *thuya*, however, the rheumatic pains abated, the ulcerations of the tonsils healed, and the syphiloid eruption on the temples, face and arms disappeared; but the eruption on the legs increased, which degenerated at length into ulcers: one appeared on the outer side of the left thigh, another over the tibia, and two or three on the *scrotum*. These ulcers discharged a fetid, ichorous matter, which excoriated the surrounding parts, and extended their boundaries. The ulcers on the *scrotum* healed while using *lycop.*, *mezer.*, *sil.*, *sulph.* and *merc. dulc.;* but on the leg no improvement took place. The ulcers on the leg were insensible to touch, but the surrounding parts were swollen, red and painful. The erosion in the nose formed, at length, a well defined ulcer, threatening destruction of the *septum narium*, if not an entire destruction of the organ itself.

Two years and a half had now elapsed, and the disease, though it had undergone important changes, evidently had not lessened in force. I had for a long time desired a consultation in the case, and now, determined to bear the whole responsibility no longer. I therefore, in the September of 1853, sent him to consult a distinguished homœopath in a distant city. The doctor prescribed *cinnabaris*, which seemed, for a a time, to operate favorably on the ulcer in the nose, ordered an oiled cloth dressing for the leg, and sent him back to me with the promise of a speedy cure. The improvement, however, was of short duration, and being myself desirous that the doctor should have a fair opportunity of proving the truth of his opinion, by managing the case in his own way, I ordered him back, there to remain till the cure was accomplished. I received frequent encouraging accounts from the physician, who kept the ulcers covered with cold wet bandages, gave *merc. sol. H.* 2d and 1st decimal triturations, *antimonium sulphuretum*, and

other remedies. For eight months the patient remained under the management of this physician, and then returned to me, but little, if any, improved. Other remedies were recommended, which I persisted in using till I was fully satisfied that no good would result from their further continuance. I then followed my own course, employing every remedy that had been recommended, in the various attenuations, from the lowest to the highest, but the disease kept its course, sometimes a little better, sometimes worse; but it was evident that, in the main, it made unmistakable advances — the ulcers on the leg extended — the alveolar processes, with two teeth of the upper jaw, came away — the ulcers, about the *tonsils*, *velum*, and on the *septum narium*, alternately increased and decreased, and altogether, the case was discouraging in the extreme. Believing still that excessive mercurialization had much to do in continuing the disease, and hearing much of the marvels of the so called electro-chemical bath in removing mercury from the system, in 1856 I sent the patient to another city, where these wonder-workers were in vogue. Under the administration of a homœopathic physician, the patient was carried through eleven baths, and by the accredited tests, the system was pronounced free from all mercurial influences; but, in the expressive words of the doctor, "the ugly ulcers did not change their appearance." A consultation was now deemed advisable, and the employment of external means was decided upon. Accordingly *kreosote* and *sulph. zinc.* were used on the legs, and injections of *soda*, *kreosote* and *argenti nitras* thrown into the nose. *Kali hydriodicum*, also, was said to have been passed through the affected parts by a galvanic current, and *iodide of sulphur*, 2d decimal trituration given in about two grain doses, every six hours. Despite of all this, the patient was sent back to me in no way improved; but with not an over confident opinion of the doctors, that the "curative process would soon show itself." For three months the patient continued under the above treatment, and the internal use of the *iodide of sulphur* was continued for another month after his return to me. No change, however, was wrought in the character of the disease. Being still desirous of availing myself of efficient aid, I sent the patient

back to the same city in the autumn of 1857, to obtain the advice of another distinguished homœopath, in whose scientific knowledge and practical skill I have a high estimate. Several remedies were recommended, among which were *lycop. nit. acid.*, etc., each one of which was to be long continued, and given in various attenuations from the highest to the lowest. This course was commenced, and the prescribed conditions observed to the letter; but the disease went on unchecked. Indeed, as had been the case, always, at every change of the season, there was a very marked progress in its course. The ulcer in the nose pushed its way through the *septum*, forming an opening about the size of half a dime — the ulcers in the legs extended, discharging a very offensive ichorous matter, and the legs were swollen and very painful.

Eight years had now nearly elapsed since the commencement of the disease, about seven of which the responsibility has rested on me; for although the case had been under the care of other physicians for a considerable portion of the time, the patient relied upon my direction, and never would release me from the responsibility. The case, therefore, seemed destined to continue upon my hands to the end, for better or for worse; and having failed thus far, in all by best efforts to obtain aid from other sources, I determined to make no further attempts in this direction, but henceforth to rely upon myself. Accordingly, I had a mass of 20 grains of *kali hydriodicum* triturated with 100 grains of *saccharum lactis*, and gave about 2 grains every six hours. Amendment was very soon observable. The pain and soreness about the nose lessened, and the swollen, painful and irritable condition of the legs was much improved. This improvement continued for about two weeks, and then ceased — *kali hydriodicum* lost its influence. I then triturated *merc. corr.*, 10 grains to the 100 of milk sugar, and *hydrochlorate of ammonia* with the same ingredient, in the same proportions, and gave a grain of each, alternately, every six hours. The effect was immediate, and the improvement rapid. Healthy and sensitive granulations started up from the bottom of the ulcers, gradually filling up the deep holes — the ichorous discharge became pus-like, and the offensiveness disappeared.

The effect was equally auspicious on the nose. Cicatrization was soon completed, but as a precaution, the medicines were continued for a long time, at lengthened intervals, till the skin of the parts resumed its natural color. Thus ended, after a period of about eight years, one of the most trying cases that ever came into my hands.

VIII.

SOME SUGGESTIONS ON ONE FORM

OF

INFLAMMATION OF THE STOMACH.

BY S. M. CATE, M. D.,

OF AUGUSTA, ME.

For fifteen years I have occasionally treated difficulties of the throat and mouth, that would defy my best endeavors, or recover only after a protracted and discouraging struggle. These difficulties of the mouth and throat were usually characterized by a peculiarly disagreeable odor from the mouth, very much resembling the odor from the mouth of one laboring under mercurial salivation. With this there would be either patches of aphthous ulceration on the tongue inside of the lips and gums, or a general redness of the whole buccal cavity, with a more or less red and spongy state of the gums (in the worst cases, indeed, the gums are so swollen as to nearly cover the ends of the teeth), a profuse salivation and considerable swelling of all the glands about the mouth and throat. Before accustomed to such cases, when meeting them in persons that had not taken medicines to which the disease could be attributed, the difficulty was mistaken for disease of the mouth, and treated most faithfully with the various preparations of Mercury, in high and low dilutions, and all without effect; or

if any effect was obtained it was absolutely injurious. Hepar Sulph., Acid Nit., Borax, Jodium, Calcarea Carb., Sulphur, and Kali Chlorat., were used with equal lack of success.

In some cases, in a form with many of the characteristics given above, occuring in nursing women, and especially where the mouth had a feeling as of having been scalded by a hot liquid, Arsenicum was the remedy. The third trituration in solution served me best. If there was constipation, Nux Vom. would often cure.

I at last observed some cases of the kind above described, of a pretty severe form, from the commencement through the various stages, and in these there was first considerable heat and fullness in the region of the stomach, though generally without any sensitiveness to pressure.

With the heat there would be pain or a feeling of uneasiness in the region of the stomach; but the general prostration, quick and rather wiry pulse, febrile paroxysms with redness of one or both cheeks (more often of but one), hot and sometimes sticky perspiration about the forehead and in the hair, furred tongue and restlessness would point to some deep-seated organic lesion as their cause. Soon the fetid breath, sponginess of the gums, redness of the throat and fauces, swelling of the salivary glands and salivation, and in many cases the aphthous exudations or else patches of regular or jagged ulceration of the mouth, throat or gums would follow by regular steps, upon the development of the disease.

The lack of soreness on pressure would indicate that the peritoneal coat of the stomach was not the seat of the disease; the lack of vomiting, intense thirst, and of any great uneasiness or distress from taking any substance into the stomach would indicate that the mucous coat was not primarily affected, and the muscular and lymphatic structure of the stomach would seem to be the seat of disease.

The inflamation of the muscular and lymphatic structures would be likely to be attended with a change or vitiation of the secretions of the stomach, and such vitiated secretions, as they flow over the surface of the stomach, would corrode the parts with which they were in contact, causing inflammation,

more or less extensive of its mucous coat, and oftentimes abrasions of its surface. Such inflamation may travel up the æsophagus, assisted by the coming up of the vitiated secretions, but more fully by the extension of the inflammation in the structure of the æsophagus, and a pouring out of its own vitiated secretions upon itself, and thus also, extending into the mouth by the same process.

This is what I have taken to be a rational analysis of the phenomena, and if it is, it will at once be seen that the symptoms of the disease in the stomach are the important ones, and that the inflammation of the mucous membranes of the mouth, throat and stomach, with the aphthœ or ulcerations, are only effects consequent upon the muscular and lymphatic inflammation.

Where there is such a condition, it will be of small service to go a voyage of symptom hunting through the repertories and recorded effects of medicines in the Materia Medica upon the mouth and throat, if the medicines sought do not also produce the preceding inflammation of the same structures, and then of consequences upon the mucous coats.

In the well marked forms of this difficulty, and especially in the first stages, with the febrile symptoms as above described, one could hardly fail to select the right remedy. And in the milder forms, indeed, if an aphthous ulceration of the mouth or an inflammation of the tonsillary glands is the only visible manifestation of the disease, the management is easy if the origin of the difficulty be sufficiently considered in the selection of the remedy.

I have found Chamomilla the principal remedy in the acute stages. With very active febrile symptoms Aconite and Chamomilla in alternation would have the desired effect. In some cases Nux Vom. would cure. With only moderate or no febrile reaction, whether there was a general sponginess of the gums, very fetid breath, and general inflammation of the buccal cavity, or only some thickening of the sub-mucous tissue of the mouth and patches of ulceration, sometimes jagged and irregular, and again round and clear with a white base as though a small bit of the mucus membrane had been cut out with a punch,

evidently arising from disease of the stomach, I have found Nux Vom. and Chamomilla, in alternation, the remedies needed.

For other varieties or complications, Calcarea Acet., Bryonia or Arsenicum.

There are many incidental difficulties that might have been remarked upon in passing, but it would have extended this paper to a length quite out of proportion to the magnitude of the subject.

IX.

REPORT

OF THE

CHICAGO HOMŒOPATHIC MEDICAL SOCIETY.

MR. PRESIDENT AND GENTLEMEN,

Members of the American Institute of Homœopathy:

The undersigned takes pleasure in presenting the Third Annual Report of the Chicago Homœopathic Medical Society, as an auxiliary to the American Institute.

The year which has elapsed since the rendering of our last report has been a prosperous one for the interests of our Society. Great harmony and unanimity, both of feeling and of action, have prevailed among its members; and although it is not in our power to chronicle many of the more positive fruits of fraternization, they are nevertheless felt and acknowledged by our whole resident Faculty. Consequently we are constrained to report our first experiment in Medical Organization an entire success.

The Meetings of this Society have been held, during the greater portion of the year, once in a fortnight. The Essays, Reports of Cases from Practice, etc., presented, have been numerous and interesting. A few of these latter have been published by the Secretary in the monthly issues of the *American Homœopathic Review*, and subsequently, in pamphlet form, a copy of which issue is herewith presented.

Encouraged by our success, we are prompted anew to recommend the subject of Medical Organization to the attention of the American Institute of Homœopathy. Much has been said and written of Medical Education and Organization, and while we do not hope to offer anything quite new or original concerning them, we do nevertheless feel like filing our plea that this Institute shall proceed to recommend the latter as a means to the former, by the inauguration of new and numerous local societies to be auxiliary to this, the worthy parent of them all.

The best interests of any science are best developed where corresponding facilities are enjoyed and improved. As a rule, the *status* of Medicine and of Medical Men, is of a higher order the closer their proximity to its Educational Institutions. Hence a spirit of emulation, which is contagious, and the fruits of which abound the more as this temper is rife among us. Now Organization would multiply our Educational Institutions by the score, and their usefulness in like ratio, since, if properly carried out, it would tend to bring the entire membership of the *American Institute* within their more immediate influence. Moreover, it would operate toward making each individual member a *producer;* so that not only would the dignity and honor of the Profession be greatly enhanced thereby, but its usefulness also.

We, whose college days are over, and who have taken upon us the more onerous duties and responsibilities of the Profession, need something of the kind to stimulate us and to keep alive the spirit of labor in order that we may thrive in professional pursuits, and maintain our pace with the spirit of the age in which we live. We need such an influence, that we may become better practitioners and preceptors. We can not educate ourselves, neither our students, by *proxy;* and while by the means recommended, we may lessen the labor and share the responsibility imposed upon each member of the Faculty in our various Medical Schools, we may add greatly to the *value of the product itself.* The better to educate the preceptors and pupils of Homœopathy the land over, is a perfectly legitimate and proper undertaking; and its accomplishment through a

more efficient Medical Organization, we shall not be chargeable with "poaching upon the Professors' preserves."

If in order, therefore, the undersigned would most respectfully offer the following:

Resolved, That viewing the promising result of local Medical Organization, both upon the science and the art, as well as upon the practitioners of Homœopathy themselves, the American Institute of Homœopathy hereby recommends the formation of State, County, City and District Medical Societies, as auxiliary to itself; and the same Societies are hereby requested to send both Delegates and Reports to each Annual Meeting of this body.

All of which is respectfully submitted,

R. LUDLAM, M. D., Secretary,

Chicago Homœopathic Med. Society.

Chicago, May 23d, 1859.

X.

REPORT

OF THE

MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

The American Institute of Homœopathy, in the year 1846, passed a resolve recommending the formation of local Homœopathic Medical Societies, and expressed the expectation that each local society would report itself annually to the Institute.

In conformity with this resolve the Massachusetts Homœopathic Medical Society passed a vote at its last Annual Meeting, instructing the Secretary to report to the Institute the condition of the Society.

In obedience to these instructions, I beg leave to present the following report:

The Massachusetts Homœopathic Medical Society has existed, under its present title, only since the early part of the year 1856, when it was honored with an Act of Incorporation, by the Legislature of this Commonwealth; although it virtually dates its origin, but under a different name, from the year 1841.

As it is now just twenty-one years since the first practitioner of Homœopathy ventured to verify by experiment the theory of Hahnemann in Massachusetts and in New England, we may with a manly pride look to the history of our infancy and child-

hood. Until the winter or spring of 1838, there was no physician of our school in New England.

The order in which the first disciples of Hahnemann, in Massachusetts, emerged from the darkness of the established school was, first, Samuel Gregg, in 1838, and next to him came Jacob F. Flagg, in the autumn of the same year. In the spring of 1839, Dr. Charles Wild, and in the summer following, Dr. Spooner, both avowed their belief and adopted the practice of Homœopathy. And the next year, in 1840, Drs. Weld, Fuller, Russell, and Ingals. The arrival in our vicinity of the lamented and accomplished Wm. Wesselhœft, who was one of the earliest practitioners of Homœopathy in North America, did not take place till 1842. He had been in the practice some ten or fifteen years and was a great acquisition to the younger practitioners in Boston and vicinity. From such small beginnings, Homœopathy has had in Massachusetts a steady and healthy growth, and now its practitioners are numbered by hundreds and its patrons by its tens of thousands of the most intelligent and the wealthiest of the communities of this Commonwealth.

The present members of the Society number seventy-six, and the great harmony that has always prevailed among them may be regarded as a promising indication of future prosperity.

In Boston there are at present twenty-six regularly educated Homœopathic physicians, nearly all of whom are well established and in good repute, and have the actual possession or the reasonable hope of liberal patronage.

In every suburb of Boston and in most of the towns in its vicinity, there are Homœopathic physicians; every one of whom has ample patronage — and it is believed, that if our present numbers in the state were doubled, the field would not be crowded.

In 1855, the Legislature gave us an Act of Incorporation for a Homœopathic Hospital; and in the next year the charter of the Boston Homœopathic Dispensary was obtained from the same Honorable Body.

The public estimation in which Homœopathy is held, is strik-

ingly illustrated by the eminent success which attended the recent "Fair in Aid of the Boston Homœopathic Dispensary," which was held in Boston a few months ago.

The result of this enterprise was the realization of more than $13,000 above all expenses, in the space of five days.

DAVID THAYER, M. D.,
Secretary.

XI.

REPORT

OF THE

PHILADELPHIA NORTHERN HOME

FOR

FRIENDLESS CHILDREN.

Report of Medical Cases treated in the Philadelphia Northern Home for Friendless Children during two years, ending April 20th, 1859, presented to and accepted by the Board of Managers, April 21st, 1859:

Diagnosis.	No. of Cases Treated.	Cured.	Relieved.	Died.
Anasarca,	2	2		
Aphthæ,	3	3		
Bronchitis,	6	6		
Catarrh,	12	12		
Cephalalgia,	2	2		
Conjunctivitis,	4	4		
Convulsions,	2	2		
Croup Catarrhal,	4	4		
" with Measles,	6	6		
" Membranous,	1	1		
Disease of the Heart,	1	..	1	
Diarrhea,	13	13		

Diagnosis.	No. of Cases Treated.	Cured.	Relieved.	Died.
Dysentery,	4	4		
Eczema,	1	1		
Enuresis Nocturnal,	5	2	3	
Erysipelas,	7	7		
Fever Catarrhal following Measles,	10	10		
" Intermittent,	1	1		
" Irritative,	3	3		
" Typhoid,	3	3		
" Typhus,	1	1		
Gastritis,	2	2		
Gastrodynia,	14	14		
Gonorrhea,	3	3		
Herpes,	10	10		
Hydrops Sequellæ of Scarlatina and Measles,	2	2		
" Articuli,	1	1		
Helminthiasis,	4	4		
Hydrocephalus Chronic,	1	..	1	
Icthyosis,	1	..	1	
Impetigo,	2	2		
Inflammation of Meibomian Glands,	2	2		
Indigestion,	8	8		
Jaundice,	1	1		
Laryngitis,	1	1		
Marasmus,	3	3		
Odontalgia,	1	1		
Opthalmia,	11	11		
Otorrhœa Sequellæ of Measles,	5	3	2	
" " " Scarlatina,	1	1		
" Scrofulous,	2	2		
Peritonitis,	1	1		
Phthisis Pulmonalis,	1	1		
Pneumonia,	4	4		
" Typhoid,	3	2	..	1
Poisoning by Stramonium Seeds,	1	1	.	

Diagnosis.	No. of Cases Treated.	Cured.	Relieved.	Died.
Prolapsus Ani,	2	1	1	
Psoriasis,	19	19		
Repelled Eruption,	2	2		
Rubeola,	55	55		
Rupia,	1	..	1	
Scabies,	5	5		
Scarlatina,	9	9		
Scrofula,	7	5	2	
Tinea Capitis,	40	40		
Tonsilitis,	1	1		
Ulcer,	8	8		
Urticaria,	1	1		
Zona,	1	1		
Total,	327	315	12	1

BUSHROD W. JAMES, M. D.,
Attending Physician.

CONSTANTINE HERING, M. D.,
ADOLPHUS LIPPE, M. D.,
DAVID JAMES, M. D.
} Consulting Physicians.

Report of Surgical Cases treated in the Philadelphia Northern Home for Friendless Children for two years, ending April 20th, 1859:

	No. of Cases.	Cured.	Relieved.
Abscess,	8	8	
Anthrax,	1	1	
Extraction of Tumors,	2	2	
Fracture of Arm,	1	1	
Hernia,	1	..	1
Luxation of Forearm,	2	2	
Otorrhœa,	2	2	
Periostitis,	2	2	
Scrofulous Opthalmia,	8	8	
Syphilis,	3	3	
Wounds,	6	6	
Total,	36	35	1

THOMAS MOORE, M. D.

Philadelphia, May 20th, 1859.

XII.

DIPHTHERIA,

BY H. D. PAINE, M. D.,

OF ALBANY, N. Y.

During four or five months from September, 1858, to February, 1859, sore throats have prevailed as an epidemic, in Albany and its neighborhood, to an extraordinary extent—many of the cases being of an unusual character, very severe, often intractable and in many cases rapidly fatal.

Some idea of the grave nature of this sickness may be gathered from the fact that, since the breaking out of the disease, few if any less than two hundred and fifty deaths therefrom have occurred in the city and its immediate neighborhood. Dr. S. D. Willard who industriously undertook to collect the statistics of the fatal cases for the N. Y. State Medical Society (Allop.), reported 188 such cases previous to the 16th of March. Doubtless some cases escaped his scrutiny and others are know to have occurred since the publication of his report. It is therefore probably within the truth, to estimate the number of deaths already at 250. The victims have been almost exclusively children and young persons. Dr. Willard reports the deaths of only three adults. The desolation that has followed in the train of this disease is further illustrated by the statement contained in the same report, that in fifteen families there had been in each two

deaths — in four families there had been, in each, three deaths, and in one household four children had been swept away by this pestilence. Other instances similar to these have come to the knowledge of the writer more recently.

As to the whole number of persons affected by the epidemic since its first appearance, it would be more difficult to arrive at satisfactory conclusions. Sore throats of some description have been exceedingly prevalent in Albany during the entire winter. Many cases slightly affected and soon relieved; and still others of every degree of gravity up to the most violent and rapidly fatal, have come under the observation of every physician. Very few families in which either I or my associate Dr. J. W. Cox, are in the habit of prescribing, have entirely escaped, while it has been not at all unusual to find many or most of the younger members of a household affected with some form of throat disease.

If the experience of other practitioners has been similar to ours, the total number of cases of every kind and degree, must have been immense, not less perhaps, than a fourth part of the entire population.

Nor has the sickness altogether disappeared from our community even now, although it does not prevail to the same extent as during the winter, especially in the months of November and December. During the month of April, the number of cases coming under our observation diminished very greatly, and there were two weeks (the last of April and the first of May) in which, I believe, no new patients were prescribed for by us. But during the last three weeks the disease seems to have broken out afresh, and with much of its original severity. Within a week I have lost two patients under most affecting circumstances, in which the attacks were as violent and the course of destruction more rapid than any other cases that have occurred before in our experience.

A remarkable feature of this epidemic is the circumscribed limits to which it has been confined, during almost its entire course. So far as I can learn, it has been almost exclusively restricted to the city of Albany, very few cases having oc-

curred in any of the neighboring towns, and those principally in one direction. I am not aware that any cases exhibiting the peculiar phenomena that have characterized the Albany sore throat have originated in Troy, Lansingburgh, or Schenectady, the most populous places in our vicinity, and between which and Albany, intercourse is constant and uninterrupted. It may be stated in this connection, that it has been remarked, that persons from a distance visiting the city, who have been affected by the local influences, whatever they are, that excite the distemper, are much more liable to severe attacks than those who habitually reside there.

How far it is the case that particular parts of the town, and which parts, have been principally affected, the collected data are not yet sufficient to determine. It does appear, however, that there has been a manifest tendency in the epidemic to make itself felt chiefly in comparatively circumscribed localities, successively showing itself in different sections of the city in an apparently fitful, arbitrary and uncertain manner. It certainly has not been confined to otherwise unwholesome sections, or to uncleanly, ill-ventilated neighborhoods, but has visited, in turn, the more comfortable and well ordered portions of the town, as well as the poorer. Though I believe it is true that the earliest cases occurred among the latter, and the disease did not extend to better quarters for some time after its existence was recognized.

It is understood that a distemper similar in its character to the "Albany sore throat," has of late broken out in some other parts of the country. If this is the case, it is to be hoped that the combined observations of physicians in different places will elucidate more satisfactorily than has yet been done, the sources and origin of the disease and the laws which regulate its propagation, as well as the most reasonable plan of counteracting the evil, and the most appropriate treatment for its cure.

As a contribution to the general stock of information, it is proposed at the present time, to give a brief account of the epidemic as it has appeared in Albany, chiefly derived from the personal observations of myself and my associate, and the course

of management that has appeared to be the most efficient in the cases we have had to treat.

The cases that have come under our notice, although exhibiting great variety in the manner of attack, symptoms, course and termination, may be conveniently arranged for description in two or three groups.

In the most severe and strongly marked cases, there is violent inflammation of the fauces, tonsils and uvula, extending as far back as can be observed, accompanied by a more or less extensive formation of false membrane, of a dull white, or ashy color — sometimes deposited in small, irregular patches, and at others covering a large part of the mucous lining of the throat on one, and occasionally on both sides. There is also in these cases, very frequently, a viscid discharge from the nostrils and a most fetid breath.

The rare phenomenon of a membraniform exudation accompanying inflammation of the mucous tissues, except in the case of true croup, gives a peculiar interest to the study of this epidemic, in which it is a frequent and characteristic feature.

The attack is often ushered in with rigors not unfrequently amounting to a positive chill, pains in the head and limbs, with a general feeling of *malaise* and depression. If, as is often the case, the child is stricken in the full vigor of health, having, till the moment of attack, enjoyed his accustomed appetite, there will be, very likely, vomiting of the ingesta and some subsequent retching.

Sometimes the throat symptoms manifest themselves almost simultaneously with the general disturbance, but not always. Occasionally they seem even to precede it. It has happened several times in our experience, that the patient has made no complaint of difficulty of swallowing, or soreness previous to the chill or vomiting, when an inspection revealed the fact that the membrane was already forming. Except in those cases, the symptoms at the beginning of the attack are not dissimilar to those of ordinary inflammation of the throat. There is generally some complaint of stiffness of the neck, the cervical glands are somewhat enlarged, and there is some pain and heat in the throat.

The appearance of the throat before the occurrence of the membranous deposit is generally indicative of intense inflammation, not always equally diffused, but in spots of erysipelatous redness, or with streaks of a deeper redness irregularly scattered over the inflamed surface. Deglutition is *generally* very painful and difficult from the first, indeed often more so at the beginning than in the later stages, but instances have not been rare, in which, notwithstanding a highly inflamed appearance of the throat, the patient manifested no difficulty at all in swallowing.

The fever runs high, but is generally brief — seldom exhibiting much activity except in the early stage of the disease, and is followed by a stage of depression and debility, apparently disproportionate to the amount of the preceding excitement. In many, even serious cases, the febrile symptoms have scarcely been observed at all, but a tendency to an asthenic state of the system is evident from the first. Probably this depends much upon the previous health and condition of the patient himself, and something perhaps upon the locality in which he lives. As a general thing, the more vigorous and healthful the subject, and the more salubrious the surrounding air, the more decided will be the period of excitement; while in confined and illy-ventilated places, and among the ill-fed and poorly nourished, the typhoid character of the affection will be more strongly marked, and at an earlier period of the attack.

The appearance of the *pseudo membranous* deposit, which is the distinguishing feature of this form of the epidemic, also presents several varieties.

As already intimated, the first examination of the throat shows in some cases an already existing pellicular exudation on some part of the mucous lining, and that, too, where neither the degree of febrile excitement, nor the complaint of the patient on account of throat symptoms would have led to such an expectation. But more frequently its visible appearance is preceded by some of the symptoms already mentioned. Generally within 24 or 36 hours after the attack, upon the inflamed mucous surface are seen a number of white spots, irregular in outline, and of various sizes, from that of a pin's head to that of one's finger

nail. The first impression is likely to be that they are ulcerations which have destroyed, in those places, the mucous membrane, and it is quite common to hear them spoken of as ulcers, or *canker*, by non-professional persons. But a more careful examination shows its true character — that it is a deposit upon, and not a corrosion of, the inflamed surface. If the disease progresses, these distinct spots increase in number and size, till they unite and form a continuous layer of various extent and thickness.

Sometimes the membranous stratum is a mere film and quite transparent at first, which may, perhaps, cause it to be overlooked, but it soon becomes thicker and opaque, and the color is usually of a dull white or grayish hue.

It appears to be of a fibrous structure, quite tough and firm. Specimens of it have been detached and thrown off as thick as kid leather, and I have seen some that were as thick as thin calf skin. When loosened and separated from the surface to which it is attached, the underlying membrane very rarely exhibits any evidence of ulceration or other disorganization, but the plastic exudation is liable to form again, if the process of detachment be prematurely hastened.

The space covered by the false membrane is subject to the greatest variation. In slight cases there may be, perhaps, a few dots of it here and there, or one or two spots a line or two in diameter, while in the more aggravated examples the palate, tonsils, and fauces present to the eye an unbroken coating of this substance, at the same time that the other unmistakable indications prove its extension into the pharynx and trachea.

In the latter case, if the disease is not speedily arrested, the patient dies with all the symptoms of croup.

Between these extremes, there may be every variety of development, and the symptoms and the danger will be modified according to the parts that happen to be involved.

As the disease progresses, and sometimes at an early stage of the attack, the breath becomes exceedingly offensive, so much so as to affect the atmosphere of the room where the patient lies, with an almost intolerable fetor. At the same time the inflammation may extend to the nostrils, accompanied

with a more or less abundant discharge of an acrid, foul smelling secretion from the nose, not unfrequently mixed with shreds of membrane.

In addition to these symptoms there is more or less swelling of the parotid glands, upon one or both sides. These swellings are sometimes very considerable, but seem not to be very painful, nor do they manifest any disposition to suppuration.

The most frequent cause of death appears to have been the extension of the false membrane into the air passages, producing the same mechanical obstruction to respiration, and terminating precisely in the same manner as in ordinary croup. In a portion of the cases, however, the fatal result seems to depend less upon the obstruction of respiration than upon a general prostration and exhaustion of the vital forces. The process of throwing out this plastic exudation appears to draw so heavily upon the system as, with the low typhoid character of the constitutional symptoms, to imperil the life of the sufferer from sheer exhaustion.

In one or two cases that have come under our observation, the inflammation has so affected the organs concerned in deglutition as to make the act of swallowing very painful and well nigh impossible, the half lethargic patient preferring to die of starvation rather than undergo the distressing effort of taking the simplest nourishment into the stomach.

So far I have attempted to describe, as briefly as possible, only one class of cases that have occurred during the prevalence of the Albany epidemic. They include, however, all those that from their unusual character and alarming tendency are calculated to excite the greatest interest.

Epidemics exhibiting similar characteristics, although of rare, perhaps unexampled, occurrence in this country, are not altogether new elsewhere. For two years past something very like it has been observed in parts of England, particularly in the coast counties opposite to France, and for a still longer period it has prevailed at intervals in the neighborhood of Bologne, on the other side.

The most complete account of a corresponding epidemic that has yet appeared, was written about forty years ago by Bre-

toneau, a physician of Tours in France, in which he describes very minutely the disease as it prevailed in that city and some other towns, for three years. He considered the formation of a concrete membraneous exudation under such circumstances to be so remarkable and peculiar a feature as to deserve a special designation. To him accordingly we are indebted for the term *Diphtherite* or *Diphtheritis*, by which this form of disease is getting to be generally recognized, especially in France, where it has occasionally appeared since the time of Bretoneau.

Objection has been made to this name on account of the incorrect pathology implied in its termination. The Registrar-General of England, alluding to the appearance of the disease in that country, has adopted the term *Diphtheria* as the preferable form of expression, for as he properly remarks, "the termination *itis*, as in *gastritis*, is used in medical language to designate pure inflammation of the organ which the root of the word expresses; hence *ia* has been substituted for *ite* (the French form of *itis*), as this can not, with any propriety, be placed after Diphtheria, designating a product of disease and not an organ of the body."

The disease is not, as the term "Diphther*itis*" would imply, according to the usage of medical writers, an inflammation of this new formation, but the membraneous deposit is the consequence of a disease already existing. With this modification the term seems to be significant and appropriate, and has been accepted by the Brit. Jour. of Hom. and some other foreign publications; notwithstanding its introduction was at first decidedly contested as tending to an unnecessary multiplication of new names for old diseases. But in this case the disease, if not positively new, has by its intenser form and its increasing prevalence, acquired an importance which entitles it to a special designation.

The mistake made by Bretoneau was not so much the addition of a new name to pathology, as the attempt he made to extend the name to other affections quite distinct from that under consideration. When the epidemic began to prevail in Tours, and many children died from it, these fatal results were naturally referred to Croup, from the suddenness of the attack

and the similarity of many of the symptoms; and Bretoneau consequently takes the ground that there is no essential difference between the so-called Diphtheritis and ordinary membranous croup: that in fact croup is only a variety of Diphtheritis.

Now, although certain of the most serious forms of Diphtheria present many symptoms strongly simulating Cynanche Trachealis, and fatal results are not unfrequently produced by a process precisely analagous to that which carries off the little patient in that disease, yet that is by no means the case with all. It is only in a certain number of cases that Diphtheria takes on the characteristics of croup, while in other important particulars the difference between the two diseases is clearly defined. In croup the inflammation and membranous exudation commences in and is confined to the trachea, and the symptomatic fever is inflammatory throughout. In Diphtheria the plastic deposit originates in the pharynx, and in many cases does not extend to other passages, but in some the inflammatory action involves not only the pharynx but dips into its several apertures, and thus it may happen that false membrane of greater or less extent may be formed in the trachea and give rise to most distressing dyspnœa and other alarming symptoms of true tracheitis; but unlike croup, as before remarked, the inflammation tends to assume a gangrenous and putrid character and the accompanying fever is typhoid. In a large number of instances the membranous deposit consists of a few small patches upon one or both tonsils, the palate, or the fauces, without even affecting in the slightest degree the larynx or trachea. Nor does it *always* extend to those organs, even when the deposit covers a much greater extent of surface.

As yet I have described only that form of the Albany epidemic which is characterized by the formation of false membrane. But a still larger number of cases of sore throat have presented themselves in which no such deposit was detected, and which by many persons have been looked upon as ordinary sore throat and not having any relation to the proper Diphtheria. Many of these cases, it is true, were very mild, exhibiting a slight diffusive inflammation of the mucous membrane, without very marked peculiarities, and not likely to attract particular

attention in ordinary times. Other examples, more severe, presented the same local and general symptoms as those first described, with the exception of the diphtherous exudation, the same erysipelatous looking patches of inflammation—the same swelling of the glands, and the same disposition to a low state of system, and occurring as they have done in the same localities and in the same families where proper Diphtheria prevailed, it is but reasonable to suppose they were imperfectly developed cases of the same affection, originating from the same morbific influences.

Adults appear to have been particularly liable to this form of affection, while the membranous variety has been most apt to develop itself in children.

The sequellæ of this remarkable sickness, as exhibited in some cases of slow or partial recovery, would form an interesting subject for discussion in this connection, but additional observations are required to make the history complete, and the time does not admit of their full consideration.

A few words upon the treatment pursued and I will conclude.

Upon the first appearance of the disease among our patients, we were of course without the advantages of any previous experience of our own or of others. No recorded cases of its treatment by physicians of our school had yet been seen by us, and it was evident that, if the distemper should extend itself, the advantages claimed for Homœopathic treatment would be put to a severe test.

Nevertheless, relying upon the general efficacy of the law of cure propounded by Hahnemann and abundantly confirmed by the experience of thousands of his followers, we did not doubt that among the articles of our Materia Medica having the most apparent relation to the symptoms presented, some would be found that would exert a powerful controlling effect even upon this formidable disease.

If we had been less confident, even of the resources of our system, we should have still felt that our safest way would be to follow the course we adopted, as the evident imperfect success of the usual Allopathic treatment afforded little encouragement for imitation.

In the simplest forms of diffusive inflammation, in which no marked peculiarity was observed, a few doses of *Belladonna* in solution sufficed to effect a revolution in a short time. Or if with some swelling of the tonsils there was a bright scarlet redness uniformly extended over the mucous membrane *Belladonna* was still prescribed.

If however the inflammation was of a dark red, or if there were dark crimson patches scattered over the inflamed surface *Rhus tox.* was found the more effectual remedy.

As soon as the least appearance of membranous deposit was observed, or there was any swelling of the glands of the neck, the *Iodide of Mercury* was freely administered and generally continued until there was a complete obliteration of those symptoms. The immense value of this remedy in this disease will be easily understood by those who have experienced its efficacy in analogous diseases. We have given it mostly in doses of the 1st trituration, and the effect in arresting and detaching the false membranous formation has been in many cases most gratifying.

Generally the *Bell.* or *Rhus* have been continued at intervals during the stages of febrile excitement — the choice between the two being affected by the character of the fever as well as by the appearance of the throat. The more the fever approached an inflammatory type, the better the indications were for *Bell.*, while a tendency to an adynamic condition required *Rhus.*

Arsenicum was given when with the fetid breath the lining of the nostrils became affected and discharged a viscid foul secretion and there was great and increasing prostration of strength. It has also proved very useful after the separation of the false membrane in relieving the extreme tenderness which remains, as well as in keeping up the vital energies.

When the inflammation and consequent deposit extends to the trachea and threatening to carry off the patient with the usual symptoms of the croup, the remedies, besides those already mentioned, that have been most successful in combating this alarming state of things have been *Stibium* and *Spon-*

gia, given according to indications sufficiently well understood.

In regard to local adjuvants, we have found but little advantage from any, except water. The cold water cravat has constantly been found to produce an agreeable impression upon the feelings of the patient, and has appeared to assist very sensibly in producing a favorable effect from the internal remedies.

A solution of yeast as a gargle has helped to relieve something of the feter of the breath and tendency to gangrenous disorganization.

Of course the utmost attention to cleanliness, pure air, &c., has been insisted on.

The necessity of keeping up the failing strength by suitable nourishment was forced upon our attention at an early period of the epidemic. Indeed the utter prostration which often attends the disease, is a most noticeable feature in its history, and requires the most careful consideration.

Under the treatment briefly and imperfectly sketched above, a large number of patients have recovered, and of those who have had the advantage of it from an early period of the attack (as well as some less favorably situated), the losses have been very few indeed. We trust at least that neither the interests of our patients nor the reputation of Homœopathy have suffered at our hands.

So obvious have been the advantages of this plan of cure, both for the ease with which it is carried out, and the large number of recoveries resulting from it, in contrast with the painful, difficult, and persecuting course recommended and generally adopted by the dominant school and its evident want of success, that an impression has been made upon the community favorable to Homœopathy such as never have been made before, even by the results of treatment in the Cholera or any other epidemic.

The treatment almost solely relied upon by the Allopathic practioners in Albany, as far as I can learn, has been that of local cauterization by Nitrate of Silver, to the utter neglect, it would appear, of the constitutional condition, the blood poison,

of which the local symptoms are but the most obvious manifestation.

How partial a view of the true nature of the disease that must be, upon which is founded such an imperfect and feeble, though distressing treatment, has been sufficiently tested by the large proportion of fatal results.

XIII.

REPORT OF THE COMMITTEE

ON

DECEASED MEMBERS.

The following notices of recently deceased members, have been prepared and are here printed in compliance with a resolution adopted on the first day of the last session of the institute.

J. Beakley, M. D.
H. D. Paine, M. D.
S. Gregg, M. D.
W. Williamson, M. D.
J. Mairs, M. D.

A. GERALD HULL, A. B., M. D., died on the 25th of April, 1859, after a protracted illness of Erysepelatous Inflammation of the head, in the 49th year of his age. Dr. Hull was born in New Hartford, Oneida county N. Y., in 1810. His father, Amos G. Hull, was a surgeon of eminence in central New York, and one of the founders of the State Medical Society. Young Hull entered the sophomore class in Union College in 1826, and received the degree of Bachelor of Arts in 1828. He chose the medical profession for his future career of usefulness, and received the degree of Doctor of Medicine from Rutgers College in 1832. In 1833 he commenced the practice of medicine in partnership with his brother in law, Dr. John F. Gray and conjointly edited the "Homœpathic Examiner," which has been unsurpassed in ability and usefulness up to the present time.

Dr. Hull's talents were of no ordinary character, and he directed them with untiring zeal and energy to the development of practical and philanthrophic truth. His education was varied, and his taste in Literature and Art was correct and pure. In conversation he was generously endowed, and although seldom, if ever, impetuous or intrusive, he was at times very forcible and persuasive. In disposition he was peculiarly amiaiable and kind. It was rarely that a censorious expression escaped his lips; and if the follies of men, or the conduct of the unscrupulous excited his animadversion, it was severe, but never cynical or morose. He was universally beloved by his patients and friends, and the medical profession regarded him with entire esteem and confidence. His career in life has been early closed; but it has been neither useless nor unknown. His bright example will not be forgotten; his memory will live and his name be respected by all those acquainted with his many virtues, or conversant with the many contributions that he has added to the Medical Literature of the day.

WILLIAM WESSELHŒFT, M. D., a native of Saxe-Weimar, was born in 1794. His father, Karl Wesselhœft, with his uncle, Frederich Frommann, owned the largest publishing house in the University-town of Jena, and the house of the latter was the rendezvous of the literati of the place. Goethe was a frequent visiter there, and sometimes also at his father's own house, and took a kindly interest in the early education of the young Wesselhœfts, who were thus brought to his notice.

Among the tutors whom the elder Wesselhœft secured for his children, was the afterwards celebrated De Wette, Professor of Theology at Berlin and Basle. In 1809, William Wesselhœft entered the Real-Schule of Nuremburg, at that time under the direction of G. H. Von Schubert, where, besides Latin and Greek, he was thoroughly instructed in many branches of natural science.

At the age of nineteen he entered the University of Jena, where he graduated seven years after, as Doctor of Medicine, having in the meanwhile passed a season each at the Universities of Berlin and Wurzburg. While at Jena he was much

occupied, during a whole year, in the Observatory, in making observations for his early friend Goethe, who was at that time much interested in meteorology.

While in Berlin he ardently embraced the patriotic principles of German nationality with which many of the students were imbued, and for the promotion of which, secret political societies were extensively formed throughout the land. Subsequently, when these organizations became known to the government, Dr. Wesselhœft, with many others suspected of being connected with them, was thrown into prison, from which, however, he managed to escape after a two month's confinement. For a time he found a refuge in Switzerland, but was finally obliged, with Follen, Beck and others, to exile himself still further from his home. Coming to America, he settled in Bath, Pa., among a considerable German population, where he soon secured an extensive practice as an allopathic physician.

After some years he embraced the system of Homœopathy, having first given it a careful experimental examination, and has ever since, till the hour of his decease, been one of its most zealous, conscientious and successful practitioners, He continued to reside in Bath for several years after his adoption of the doctrine of Hahnemann, when he removed to Allentown, where an earnest but unsuccessful effort had been made to establish a school for the education of students in the new therapeutics. In 1842 he removed to Boston, where success as a practitioner followed him, as in other places, and where he continued to pursue his laborious calling with honor to himself and benefit to his fellow-men, until death gave him the rest he found not on earth.

Dr. Wesselhœft was not only a skillful and devoted physician, and a proficient in several of the natural sciences, but he was full of tender sensibilities as a man, genial, modest and confiding, upright and conscientious in every relation of life.

An interesting memorial of him has been prepared and published by Miss Elizabeth P. Peabody, from which most of the above facts have been obtained.

JOHN MASSEY RANDEL, M. D., was born in Newcastle, Del., July 14, 1831. His literary education was obtained at carefully selected institutions in Wilmington and Philadelphia. His medical studies were pursued under the direction, and in the office of his uncle, Dr. W. Williamson of Philadelphia, until his graduation from the Homœopathic Medical College of Pennsylvania, in March, 1852. He wrote an excellent Thesis on Hydrophobia.

After his graduation he spent several years at the family residence, Randelia, on the eastern shore of Maryland, and occupied himself in the investigation of scientific subjects and the study of the best authors. In 1855 he responded to a call from Norfolk, Va., for medical aid during the rage of the malignant form of yellow fever, which then prevailed in that city. He continued there until the failure of his own health compelled him to leave. He returned to Philadelphia and opened an office, but soon afterwards hearing of a favorable opportunity for a physician in Reading, Pa., he removed to that city in 1856. After a few month's trial, not being pleased with the location, he again returned to Philadelphia, where he continued to practice his profession until nearly the time of his decease, which occurred on the 13th of July, 1858, within one day of the completion of his 27th year.

JOHN GAGE WOOD, M. D., was born in Hollis, N. H., Dec. 27, 1829. Having graduated with honor at the Literary Institution at Woodstock, in 1849, he commenced the study of medicine with his uncle, Dr. Hardy of Hollis. In the following year he entered the office of Dr. William A. Gardiner, in Philadelphia, and after attending two full courses of lectures in the Homœopathic Medical College of Pennsylvania, received his degree in 1852.

Soon after graduating, Dr. Wood settled in Salem, Mass., first in partnership with Dr. Isaac Colby, and afterwards by himself, where he continued to practice his profession until the month of January last. In the latter part of 1857 his health began to fail, but ardent zeal for his profession and the accustomed exercise of an indomitable energy, impelled him onward

in the practice, until exhausted physical nature obliged him, with will unconquered, to seek repose from professional labor. He died at the house of his father-in law, Mr. Israel E. James, in Philadelphia, on the 29th of April, 1859, of Bronchial Phthisis, in the 30th year of his age.

As a man, Dr. Wood was scrupulously exact in all his business transactions, and carried with him a strict sense of honor into every relation of life. As a physician, besides possessing high attainments in science, he was endowed with soundness of judgment, and an affability of manner which constituted him both a skilfull practitioner and an agreeable attendant upon the sick.

XIV.

TREASURER'S REPORT.

Samuel S. Guy, Treasurer, in account with American Institute of Homœopathy:

June 1, 1858.	To balance from account of 1857,.....	$70.26
" 1, 1859.	To amount collected during past year,.	564.00
		$634.26

Disbursements.

June 3, 1858.	By paid F. R. McManus' Bills for Advertising in Baltimore,.....	$1.90
"	Rent of Hall,.....	25.00
"	Janitor and Incidentals, ...	5.00
"	D. S. Smith, Secretary, Bill,..	38.50
"	A. S. Ball, ...	50.00
"	Gilman and Roberts, ...	222.00
"	Secretary Payne's Bill, ...	50.94
"	Callahan, Printing Circulars, .	5.50
"	Van Andenberg, Printing Handbills and Advertising,.....	9.75
"	Postage and Stationery,.....	28.78
"	Callahan's bill for Printing Circulars, &c.,.....	8.00
"	for opening new Ledger,.....	10.00
	Total amount of disbursements,..	$455.37
	Balance on hand,.....	178.89
		$634.26

S. S. GUY, M. D.,
Treasurer.

REPORT ON THE TREASURER'S ACCOUNTS.

The undersigned committee respectfully report; That they have examined the accounts of the late Treasurer of the American Institute of Homœopathy, S. S. Guy, M. D., together with the vouchers thereof, and find the same correct.

The committee would not do justice to the subject, without expressing the obligations of the Institute to their late Treasurer, for his diligence in efforts to collect the sums due from individual members, as the large receipts for the past year will attest.

The committee would recommend, that a rule adopted at a former meeting of the Institute, to withhold all the publications of the Institute, from all who are two years in arrears to be continual.

The above report is respectfully submitted.

L. B. WELLS,
B. F. BOWERS,
J. P. DAKE,
E. T. RICHARDSON,
G. W. SWAZEY,
Committee

Boston, June 2d, 1859.

XV.

Constitution, By-Laws, and Rules of Order

OF THE

AMERICAN INSTITUTE OF HOMŒOPATHY.

CONSTITUTION.

ARTICLE I.

This Association shall be styled the AMERICAN INSTITUTE OF HOMŒOPATHY.

ARTICLE II.

The object of this Institute shall be the improvement of the science of medicine.

ARTICLE III.

This institution shall be composed of those physicians who are already members, and of such others as may be hereafter duly chosen in conformity with its by-laws.

ARTICLE IV.

The officers of this Institute shall be a Chairman, a General Secretary, a Provisional Secretary and a Treasurer, with such other officers as shall be designated by the by-laws, to be chosen at such times, in such manner, and for such periods, and with such duties as those by-laws shall ordain.

ARTICLE V.

The Institute shall have and use one common seal, with a suitable device and inscription.

ARTICLE VI.

This constitution may be altered or amended by a vote of two-thirds of all the members, present at the regular annual meeting, provided that notice of such alteration or amendment shall have been given in writing at a previous annual meeting of the Institute.

BY-LAWS.

ARTICLE I.

The Institute shall hold at least one session in each year, at such time and place as may be determined upon from time to time.

ARTICLE II.

The officers shall be elected annually, by ballot, and a majority of all the votes shall be necessary to a choice.

ARTICLE III.

It shall be the duty of the Chairman to preside at the meetings of the Institute; to preserve order therein, put all questions, announce the decisions, and appoint committees not otherwise ordered.

ARTICLE IV.

It shall be the duty of the General Secretary to organize the meetings and preside until a Chairman shall be elected; to keep a record of the proceedings of the meetings, answer all letters addressed to the Institute, open and maintain such correspondence as may tend to advance its interests, to give proper notice

of the meetings of the Institute, to notify candidates of their election, and sign certificates of membership.

ARTICLE V.

It shall be the duty of the Provisional Secretary to assist the General Secretary; and in his absence, to perform his duties.

ARTICLE VI.

It shall be the duty of the Treasurer to receive all moneys belonging to the Institute, to make all necessary disbursements, and report annually in writing.

ARTICLE VII.

At each annual session of the Institute, there shall be a board of five Censors elected by ballot, who shall act until others shall be elected by ballot, whose duty shall be to receive credentials of candidates, and report such as may be found properly qualified, to the Institute for election, any three of whom shall constitute a quorum.

ARTICLE VIII.

Any person who shall have pursued a regular course of medical studies, according to the requirements of the existing medical institutions of our country, and shall have obtained a certificate of three members of this Institute that that he has thus complied with the above requirements, and he sustains a good moral character and general standing, addressed to the Board of Censors, and by them satisfactorily found qualified in the theory and practice of Homœopathy, and so reported to the Institute, may be elected a member thereof; and upon the payment of two dollars shall receive a certificate of such election.

ARTICLE IX.

There shall be a Central Bureau for the Augmentation and Improvement of the Materia Medica, consisting of five members, to be appointed by the Chairman. And it shall be the duty of each Member of this Bureau, to select a certain medicine for proving, and the symptoms of which he will arrange

indicating the number of provers by which each symptom is verified.

ARRICLE X.

Certificates of membership shall be granted to such as are already members of the Institute, on the payment of one dollar, and to new members on the payment of two dollars.

ARTICLE XI.

These by-laws may be altered or amended by a vote of a majority of members, present at any annual meeting.

ORDER OF BUSINESS.

1. The meeting shall be called to order by the General Secretary, or in his absence, the Provisional Secretary, or, in the absence of both Secretaries, the Treasurer, or such person as shall be chosen by the members present, shall preside until a Chairman is chosen.

2. Calling the roll of members.

3. Choice of Chairman and such other officers as are elected by ballot.

4. Election by ballot of standing committee on the election and reception of members.

5. Reading of such portion of the minutes of the last meeting as may relate to unfinished business, or matters referred to the next meeting.

6. Appointment of standing committee of five on the Treasurer's account and vouchers.

7. Report of Treasurer, with vouchers of expenditures.

8. Report of committees appointed at the last meeting.

9. Reports and communications from auxiliary, and corresponding bodies.

10. Annual address.

11. Time and place of the next annual meeting, and committee of Arrangements.

12. Choice of a member to deliver the annual address at the next meeting, and an alternate.

13. Reading of minutes for correction and approval.

14. Adjournment.

The rules relating to the order of business may be varied for the time being by common consent, or by a vote of two-thirds of the members present.

The general rules of the House of Representatives of the United States shall be observed in debate and manner of transacting business, where there are no rules of the society applicable to the subject.

Resolutions Adopted May 14, 1846.

Resolved, That this Institute recommend the formation of local Homœopathic Societies, on the basis of the Institute.

Resolved, That each local society be recommended to appoint a bureau for the augmentation and improvement of the Materia Medica, whose duty it shall be to send to the Central Bureau, information in relation to the following topics:

1. The effects which may be observed from the trial of new remedies, whether in health or disease, stating the precise localities of the symptoms, the times of day at which they occur, with all the attending circumstances and conditions.

2. New symptoms, either pathogenetic or curative, of medicines already or not fully tried, which are clearly ascribable to those drugs, with particulars of such cases.

3. Symptoms of remedies which have more frequently occurred in practice, also any remarkable coincidence in popular practice, especially in cases of poisoning.

4. It is expected that each local society will report itself annually to the Institute.

5. That each member of the Institute be earnestly desired to make trials of drugs upon himself.

Resolution Adopted June 10, 1847.

Resolved, That the members of the Institute be required to pay the annual sum of one dollar, towards defraying the expenses of the Institute.

Resolution Adopted June 13, 1850.

Resolved, That candidates who may be hereafter admitted to the membership of the Institute, and who may have received a diploma from some regularly established medical college, or

institution legally authorized to confer such degree, shall have the title M. D. affixed their names; and all who have not such degree of Doctor of Medicine, but are eligible to membership according to the seventh article of the By-Laws, shall have prefixed the title of Dr., and the Board of Censors are hereby instructed so to report their names to the Institute.

Resolutions Adopted June 12, 1851.

Resolved, That this Institute consider it the duty of every member to make some written communication at every annual meeting, upon some matter pertaining to the general interests of Homœopathy.

Resolved, That members of the Institute who may change their place of residence, are hereby requested to give notice of such change to the General Secretary.

Resolution Adopted June 8, 1853.

Resolved, That the members of the Institute who shall sign the certificate of an applicant for membership, shall state upon the certificate the name of the medical college of which such applicant shall have graduated.

Resolution Adopted June 8, 1854.

Resolved, That all committees appointed to report on scientific subjects, failing to report within one year after their appointment, shall be discontinued, except by a vote of two-thirds of the members present.

Resolution Adopted June 7, 1855.

Resolved, That there shall be a committee of three, on clinical experience, appointed annually, whose duty it shall be to received and report, at each meeting, accounts of cases treated and cured Homœopathically.

Resolution Adopted June 5, 1856.

Resolved, That the proceedings of the Institute, published by the General Secretary, be withheld from all members of the Institute whose arrearages or dues shall amount to more than two dollars at the next meeting.

Rasolution Adopted June 8, 1856.

Resolved, That in accordance with the usage and dignity of scientific bodies, who very properly discountenance all extraordinary efforts on the part of the members of such bodies, to enhance individual interests, we, as an associated scientific body will discountenance all like extraordinary efforts on the part of the members of this Institute; and whenever such cases come to our knowledge, well authenticated, we will sever such members from our connexion, as no longer worthy of our sympathy and fellowship.

Resolutions Adopted June 3, 1857.

Resolved, That the General Secretary be required to notify the Chairman of all committees on scientific subjects, at as early a day as practicable after the adjournment of the Institute, of the fact that such a committee is appointed; and also the subject designated; and the time when, and the place where such report is required to be made by the Institute.

Resolved, That members in good standing, who, from advanced age, shall have retired from the practice of medicine, may retain honorary membership, and be exempt from the payment of annual dues.

Resolved, That it is the duty of the American Institute of Homœopathy to extend a fostering care to the Homœopathic Medical Colleges of the United States, and exert her influence in directing students of medicine, who are seeking admission to the honors of the profession, to their halls for instruction.

Resolved, That the American Institute of Homœopathy does not necessarily endorse the doctrines contained in the reports of committees, by accepting and publishing such reports with the proceedings.

Resolved, That each present member of the American Institute of Homœopathy, shall be entitled to the diploma about to be issued for the members of the Institute; and that all new members shall be entitled to the same by paying the established fee.

Resolution Adopted June 3, 1858.

Resolved, That all papers received by the Institute, which are ordered to be placed on file, be referred to the General Secretary, to be used as he may think proper, in making up his report of the proceedings of our annual meetings.

Resolution Adopted June 2, 1859.

Resolved, That in all publications of the Institute, whenever attenuations, dilutions or potencies are mentioned, the centessimal scale is implied unless a different scale is expressed.

XIV.

NAMES OF MEMBERS

OF THE

AMERICAN INSTITUTE OF HOMŒOPATHY,

* Denotes Deceased. † Honorary Membership, and Exemption from Dues.

A.

Abbott, Jehiel, M. D..... .....Westfield, Mass.
*Adams, Henry, M, D.....Cohoes, N. Y.
*Allen, James H., M. D.....New York City.
*Anderson, M., M. D.....Philadelphia.
*Anderson, Moses, M. D.....New York City.
Andrews, J. R., M. D.....Camden, N. J.
Angell, H. C., M. D.....Boston, Mass.
Annin, J. D., M. D.....Newark, N. J.
Armour, Thomas, M. D.....Kansas.
Ashton, A. H., M. D.....Philadelphia.
*Atwood, M., M. D.....Francistown, N. H.

B.

Baker, George, M. D.....Chelsea, Mass.
Baker, J. C., M. D.....Middleboro, Mass.
Baldwin, D. A., M. D.....Rochester, N. Y.
Baldwin, Jared G., M. D.....New York City.

Ball, A. S., M. D.....New York City.
Barlow, S. B., M. D.....New York City.
Barnes, G. W., M. D.....Mt. Vernon, O.
Barrows, George, M. D.....Taunton, Mass.
Barrows, Ira, M. D.....Providence, R. I.
Bartlett, A. R., M. D.....Aurora, Ill.
Bartlett, E. M., M. D.....——— La.
Bauer, A., M. D.....Cincinnati, O.
Baxter, Wm., M. D.....Fishkill, N. Y.
Bayard, Edward, M. D.....New York City.
Beakley, G., M. D.....New York City.
Beakley, J., M. D.....Philadelphia.
Beakley, H., M. D.....Brewster's Station, N. Y.
*Beard, Dr. D. H.....Troy, N. Y.
Beckwith, Seth, M. D.....Cleveland, O.
Beebe, G. D., M. D.....Chicago, Ill.
Beers, A. H.....Buffalo, N. Y.
Belcher, George E.....New York City.
Bell, H. W., M. D.....Nantucket, Mass.
Bell, Sanford, M. D.....Springfield, Ill.
Bellows, A. G., M. D.....Roxbury, Mass.
† Belt, R. G., M. D.....Philadelphia,
Bennet, H., M. D.....Rochester, N. Y.
Berens, Bernard, M. D.....Philadelphia,
Berens, Joseph, M. D.....Philadelphia.
Berghaus, Julius, M. D.....New York City.
Bigelow, Franklin, M. D.....Toledo, O.
Bigelow, J. G., M. D.....Syracuse, N. Y.
Bigler, G. W., M. D.....Cincinnati, O.
Bishop, D. F., M. D.....Lockport, N. Y.
Bissell, A. F., M. D.....Toledo, O.
Blair, O. A.....Columbus, O.
Blanchard, H. C., M. D.....Buffalo, N. Y.
Blanchard, J. A., M. D.....Louisville, Ky.
Bloss, Richard, M. D.....Troy, N. Y.
Boardman, J. C., M. D.....Trenton, N. J.
Bolles, R. M., M. D.....New York City.
Bowers, Josiah, M. D.....Billerica, Mich.

Bowers, B. F., M. D.....New York City.
Bradford, Richmond, M. D.....Auburn, N. Y.
Brainerd, Jehu, M. D.....Cleveland, O.
Brisbane, Wm., M. D.....Wyoming, Pa.
Brooks, C. A., M. D.....Clinton, Mass.
*Brown, Joseph R., M. D.....Galveston, Texas.
Bryan, R. S., M. D.....Troy, N. Y.
Bryant, Charles G., M. D.....San Francisco, Cal.
Bryant, Joel, M. D.....Brooklyn, N. Y.
Bulkley, Dr. W. E.....Danbury, Conn.
Bull, A. T., M. D.....London, C. W.
Burgher, J. C., M. D.....Pittsburgh, Pa.
Burke, A. C., M. D.....Brooklyn, N. Y.
Burpee, J. A., M. D.....Malden, Mass.
Burr, C. H., M. D.....Portland, Me.
Burritt, A. H., M. D.....New Orleans, La.
Burritt, A. R., M. D.....Huntsville, Ala.

C.

Cain, William, M. D.....Ravenna, O. Hopkinsville Ken
Campbell, Melancthon W., M. D .....Stillwater, N. Y.
Cate, Shadrack M., M. D.....~~Augusta, Me.~~ Salem Mass
Cator, H. Hull, M. D.....Syracuse, N. Y.
Chamberlain, W. B., M. D.....Keene, N. H.
*Channing, Wm., M. D.....New York City.
Chase, Durfee, M. D.....Palmyra, N. Y.
Chase, H. L., M. D.....Cambridge, Mass.
Chittenden, G. W., M. D.....Janesville, Wis.
Church, W. J., M. D.....Pittsburgh, Pa.
Clark, Eliphalet, M. D.....Portland, Me.
Clark, J. K.. M. D,.....Louisville, Ky.
Clark, J. L., M. D.....Fall River, Mass.
Clark, Luther, M. D.....Boston, Mass.
† Clark, P., M. D.....Coventry, R. I.
Clark, Henry B., M. D.....New Bedford, Mass.
Clary, Lyman, M. D.....Syracuse, N. Y.
Clements, Z., M. D.....Victoryville, N. Y.

Colby, Isaac, M. D.....Concord, N. H.
Cole, Harvey, M. D.....Pittsfield, Mass.
Collins, H. A., M. D.....Springfield, Mass.
Colton, D. A., M. D .....Chicago, Ill.
Coman, J. W., M. D.....St. Louis, Mo.
Cook, A. P., M. D.....Hudson, N. Y.
*Cook, Geo. W., M. D.....New York City.
Cook, Simeon A., M. D.....Troy, N. Y.
Cook, N. F., M. D.....Chicago, Ill.
Cornell, Benj. F., M. D.....Moreau Station, N. Y.
Cote, M., M. D.....Pittsburgh, Pa.
Coules, E. W., M. D.....~~Rock Island,~~ Ill. Cleveland O.
Coulter, J. H., M. D.....Columbus, O.
*Cox, George, M. D.....Williamsburgh, N. Y.
Cox, James W., M. D.....Albany, N. Y.
Coxe, jr., John Redman, M. D.....Philadelphia.
Coxe, Dr. L. Lewis,.....Philadelphia.
Crittenden, Dr. J.....Morris co., N. J.
Crittenden, Dr. W. H.....Bergen co., N. J.
Crocker, Isaac S., M. D.....Providence, R. I.
Crosby, Dr——.....Akron, O.
Cullis, C., M. D.....Boston, Mass.
Cumings, E. P., M. D.....Exeter, N. H.
Cummings, J. M., M. D..... Portland, Me.
Cushing, John J., M. D.....San Francisco, Cal.

D.

Dake, C. A., M. D.....Warsaw, N. Y.
Dake, C. M., M. D.....Geneseo, "
Dake, D. M., M. D.....Pittsburgh, Pa.
Dake, J. P., M. D.....Pittsburgh, Pa.
Dake, W. H., M. D.....Louisville, Ky.
Darling, C. B., M. D.....Lyndon, Vt.
De Gersdorff, B., M. D.....Salem, Mass.
Dennett, G. Wm., M. D.....Boston, "
Dennison, Jeremiah T., M. D.....Fairfield, Conn.
Detwiller, H., M. D.....Easton, Pa.

Detwiller, J. J., M. D.....Easton, Pa.
De Wolfe, John J., M. D.....Providence, R. I.
Dinsmore, J. Pitman, M. D.....Brooklyn, N. Y.
✓ Dodge, Lewis, M. D.....Buffalo, N. Y.
Dodge, Moses, M. D.....Portland, Me.
Donovan, T. W., M. D.....Quarantine, Sta. Is., N. Y.
Douglas, J. S., M. D.....Milwaukie, Wis.
Driggs, Hiram C., M. D.....Detroit, Mich.
Dubbs, Samuel R., M. D.....Philadelphia.
✓ Duffield, Henry, M. D.....New London, Pa. Chester Co.
Dunnell, H. G., M. D.....New York City.
Dutcher, B. C., M. D.....~~New York City~~. New Brunswick N. J.

E.

Eaton, H. B., M. D.....Rockport, Me.
Ehrman, B., M. D.....Cincinnati, O.
Ehrman, C., M. D.....Louisville, Ky.
Ehrman, F., M. D.....Cincinnati, O.
Ellis John, M. D.....Detroit, Mich.
*Esrey, W. P., M. D.....Philadelphia.

F.

Fairchild, S., M. D.....Parsippany, N. J.
Farnsworth, C. H., M. D.....E. Cambridge, Mass.
✓ Fincke, B., M. D.....Brooklyn, N. Y.
*Flagg, Josiah F., M. D.....Boston, Mass.
Floto, H., M. D.....Salem, Mass.
Foote, Charles C., M. D.....New Haven, Conn.
Foote, Elial .T, M. D.....New Haven, Conn.
Foote, Geo. F., M. D.....~~Buffalo, N. Y.~~ Cincinnati
Freeman, Alfred, M. D.....New York City.
Freeman, Warren, M. D.....New York City.
*Freytag, E., M. D.....Bethlehem, Pa.
Freligh, Martin, M. D.....New York City.
Fuller, Milton, M. D.....Boston, Mass.
Füllgraff, Otto, M. D.....New York City.

G.

Gale, S. M., M. D.....Newburyport, Mass.
Gallupe, Wm., M. D.....Bangor, Me.
Gambell, W. P., M. D.....Haverhill, Mass.
Gardiner, Daniel R., M. D.....~~Philadelphia.~~ Smyrna Del.
Gardiner, Richard, M. D.....Philadelphia.
Gardiner, W. A., M. D..... ~~Woodbury, N. J.~~ Phil.
Gardner, F. B., M. D.....Cloverdale, Sonora co., Cal.
Geary, J. F. G., M. D.,.....Philadelphia.
Geist, F., M. D..... .....Boston, Mass.
*Gilbert, James B., M. D.....Savannah, Ga.
Giles, Albert, M. D.....Racine, Wis.
*Gosewich, C., M. D.....Wilmington, Del.
Gray, A. W., M. D.....Milwaukie, Wis.
Gray, John F., M. D..... .....New York City.
Graves, S. W., M. D.....Chicago, Ill.
Green, Geo. S., M. D.....Hartford, Conn.
Green, J., M. D..... .....Washington, D. C.
Greenleaf, Wm. A., M. D.....Hamilton, C. W.
Gregg, Rollin R., M. D.....Canandaigua, N. Y.
Gregg, Samuel, M. D.....Boston, Mass.
Guernsey, E., M. D.....New York City.
Guernsey, H. N., M. D.....Philadelphia.
Guernsey, William F., M. D.....Frankford, Pa.
Guilbert, E. A., M. D.....Dubuque, Ia.
Guy, S. S., M. D.....Chancellorville, Va.,

H.

*Hale, Eben, M. D.....Boston, Mass.
Hall, G. A., M. D.....Westfield, N. Y.
Hallock, L., M. D.....New York City.
Hammond, Milton, M. D.....Newark, Del.
Hanford, S. C., M. D.....Brooklyn, N. Y.
Hanford, W. H., M. D.....Brooklyn, N. Y.
Harding, W. F., M. D.....Granville, N. Y.

Harris, Charles Taylor, M. D.....Delavan, Wis.
Harris, C. W., M. D.....Taunton, Mass.
Harris, J. T., M. D..... .....Abington, Mass.
*Harris, Dr. Z. H.....New York City.
Hatch, Philo L., M. D.....Dubuque, Ia.
Hawley, L. B., M. D.....Phœnixville, Pa.
Haynel, A. F., M. D.....Baltimore, Md.
Hedges, Dr. W. S.....Jamestown, N. Y.
Helmuth, W. S., M. D.....Philadelphia.
Helmuth, W. T., M. D.....St. Louis, Mo.
Hempel, Charles J., M. D.....Philadelphia.
Henry, John H., M. D.....Montgomery, Ala.
Hering, C., M. D.....Philadelphia.
Herrick, J., M. D.....Lyndborough, N. H.
Herron, J. A., M. D.....Pittsburgh, Ia.
Herwitz, S., M. D.....Boston, Mass.
Hill, C. J., M. D.....Utica, N. Y.
Hill, B. L., M. D.....Berlin, O.
Hobson, Joseph V., M. D..... ....Richmond, Va.
Hoffman, H. H., M. D.....Pekin, Ill.
Hofman, Ernst, M. D.....Poughkeepsie. N. Y.
Holt, Aaron P., M. D.....Lyndon, Ill,
Holt, Daniel, M. D.....Lowell, Mass.
Hoppin, Washington, M. D.....Providence, R. I.
Horton, Freeman, M. D.....~~Weare, N. H.~~ Lynn deceased
Hotchkiss, J. T., M. D.....Bloomingrove, N. Y.
Houard, J. G., M. D.....Philadelphia.
Houghton, M. A., M. D.....Keeseville, N. Y.
Houghton, M. G., M. D.....Lyndon, Vt.
Hull, A. Cooke, M. D.....Brooklyn, N. Y.
*Hull, A. Gerald, M. D.....New York City.
*Humphreys, Dr. E., M. D.....Utica, N. Y.
Hutchinson, J. B., M. D.....Madison, Ind.

I.

*Ingalls, Sr. Wm. M. D.....Worcester, Mass.

J.

Jaeger, C. A., M. D.....Elgin, Ill.
James, B. W., M. D..... Philadelphia.
James, D., M. D.....Philadelphia.
†James, Isaac, M. D.....Bustleton, Pa.
Janney, D., M. D.....Purcel's Store, Lou. co., Va.
Jeanes, Jacob, M. D.....Philadelphia.
Jeffords ~~Jefferts~~, G. P., M. D.....Kennebunkport, Me.
Jones, E. D., M. D.....Albany, N. Y.
Jones, Elijah U. M. D.....Taunton, Mass.
Jones, Joseph E., M. D.....Westchester, Pa.
Johnson, D. A., M. D.....Chelsea, Mass.
Johnson, J. M., M. D.....Cleveland, O.
Joslin, B. F., M. D.....New York City.
Joslin, Jr., B. F., M. D.....New York City.

K.

Keep, L., M. D..... .....~~Fairhaven, Conn.~~ Brooklyn
Kellogg, Edwin M., M. D.....New York City.
Kellogg, John L., M. D.....Chicago, Ill.
Kenyon, L. M., M. D.....Buffalo, N. Y.
*Kern, B. F., M. D.....Philadelphia.
Kimball, D. S., M. D.....Sackett's Harbor, N. Y.
Kinsley, H, M. D.....New York City.
Kirby, S. R, M. D.....New York City.
Kirk, Isaac E., M. D.....Hudson, N. Y.
Kitchen, James, M. D.....Philadelphia.
Koch, A., M. D.....Philadelphia.

L.

Lafon, Thomas, M. D.....Newark, N. J.
Lentz, Henry S., M. D.....Chesnut Hill, Phil. co., Pa.
Leon, Alexis, M. D.....New York City.
Lewis, Geo. W., M. D.....Buffalo, N. Y.
Lingen, Geo., M. D.....Mobile, Ala.

Linnell, J. E., M. D.....Worcester, Mass.
*Loomis, J. G., M. D.....Philadelphia.
Lougee, Wm. H., M. D.....Methuen, Mass.
Lovejoy, E., M. D.....New York City.
Ludlam, R., M. D.....Chicago, Ill.

M.

Macfarland, Lafayette, M. D.....Boston, Mass.
Macy, B. C., M. D.....Dobb's Ferry, N. Y.
Mairs, J., M. D..... New York City.
Manchester, C. F., M. D.....Pawtucket, R. I.
Marcy, E. E., M. D.....New York City.
Martin, ~~Jas.~~ Joseph Lloyd, M. D.....Baltimore, Md.
Matthes, G. F., M. D.....New Bedford, Mass.
*Matthews, Caleb B., M. D.....Philadelphia.
McAllester, James M., M. D.....Philadelphia.
McChesney, A. B., M. D.....Quincy, Ill.
McKnight, C. G., M. D.....Providence, R. I.
McManus, F. R., M. D.....Baltimore, Md.
* McManus, F. S., M. D.....Baltimore, Md.
McVickar, J. A., M. D.....New York City.
Meacham, I. J., M. D.....Nunda, N. Y.
* Merrill, J., M. D.....Portland, Me.
* Metcalf, James W., M. D.....New York City.
Middleton, J. D., M. D.....Baltimore, Md.
* Middleton, R. S., M. D.....Philadelphia.
Miller, Adam, M. D.....Quincy, Ill.
Miller, A. C., M. D.....Wilmington, Va.
Miller, Frederick, M. D.....~~Sing Sing, N.~~ Y. Montreal Can
Miller, Thomas, M. D.....Lexington, Mo.
Minton, Henry, M. D.....Brooklyn, N. Y.
Moore, John D., M. D.....Burlington, N. J.
Moore, F. R., M. D.....~~Pittsburgh, Pa.~~ St. Louis
Morgan, A. R., M. D.....Syracuse, N. Y.
Morill, Alpheus, M. D.....Concord, N. H.
Morill, Henry E., M. D.....Brooklyn, N. Y.

Morse, E. E., M. D.....Cambridge, Mass.
Munger, E. A., M. D.....Waterville, N. Y.
Munde, Charles, M. D.....Florence, Mass.

N.

Neidhard, Chas., M. D.....Philadelphia.
Neilson, I. C., M. D.....Charlestown, Mass.
Newcomb, Geo. V., M. D..... ..Brooklyn, N. Y.
Nichols, J. S., M. D.....Woonsocket, R. I.
Nichols, L. B., M. D.....Worcester, Mass.
Norton, L. H.....Bridgeport, Conn.

O.

Ober, Benjamin, M. D.....San Francisco, Cal.
Ober, L. E., M. D.....La Crosse, ~~Mich.~~
Orme, C., M. D.....Panama, N. Y.
Orme, F. H., M. D.....Savannah, Ga.
Osgood, David, M. D.....Boston, Mass.

P.

Paine, Henry D., M. D..... Albany, N. Y.
Paine, Horace M., M. D.....Clinton, N. Y.
† Paine, John A., M. D.....New Hartford, N. Y,
Paine, J. P., M. D.....Dedham, Mass.
Palmer, Frederick N., M. D.....Newtonville, Mass.
Palmer, M. W., M. D.....New York City.
Palmer, W. C., M. D.....New York City.
Parker, H. C., M. D.....Manchester, N. H.
*Payne, John, M. D.....Belfast, Me.
*Payne, L. V., M. D.....Belfast, Me.
Payne, W. E., M. D.....Bath, Me.
*Peak, Dr. J. M.,.....Cooperstown, N. Y.
Pearson, William, M. D.....~~Dayton, O.~~

*Peck, William, M. D.....Cincinnati, O.
Peirson, F. D., M. D.....Tarrytown, N. Y.
Perkins, Roger G., M. D.....~~New York City~~. Savannah Geo,
Perrine, W. L. R., M. D.....Brooklyn, N. Y.
Peterson, James, M. D.....Weare, N. H.
Petherbridge, J. B., M. D.....New York City.
Pfouts, John S., M. D.....Atalanta, Ga.
Pierce, L., M. D.....Francistown, N. H.
Pierce, T. A., M. D.....Norristown, Pa.
Piper, J. R., M. D.....Washington, D. C,
Pitney, Aaron, M. D.....Chicago, Ill.
Pomeroy, Thomas F., M. D.....Detroit, ~~Ill.~~ Mich.
Poole, Dr. A.,.....Oswego, N. Y.
Potter, E. A, M. D.....Oswego, N. Y.
Pratt, L. M., M. D.....Albany, N. Y.
Preston, Henry C., M. D.....St. John, N. B.
Pulsifer, M. R., M. D.....Ellsworth, Me.
Pulsifer, N. G. H., M. D.....Waterville, Me.
Pulte, J. H., M. D.....Cincinnati, O.

Q.

Quin, James M., M. D.....New York City.

R.

Raborg, Christopher H., M. D.....Baltimore, Md.
Randel, William H., M. D.....Albany, N. Y.
*Randel, J. M., M. D.....Chesapeake City, Md.
Raymond, J. C., M. D.....Utica, N. Y.
*Rea, Albus, M. D.....Portland, Me.
Reading, J. K., M. D.....Somerton, Pa.
Reed, William A., M. D.....Philadelphia,
Reichhelm, Gustavus, M. D.....Philadelphia.
Rhees, Morgan J., M. D.....Mount Holley, N. J.
Richards, D. S., M. D.....Richmond, Me.
Richardson, E. T., M. D.....Brooklyn, N. Y.
Roberts, E. W., M. D.....Harrisburg, Pa.

*Roberts, Dr. J.,.....Vassalboro, Me.
Robinson, Horatio, M. D..... Auburn, N. Y.
Roche, M. B., M. D.....New Bedford, Mass.
Rodman, William W., M. D.....~~Waterbury~~, Conn. New Haven
Romig, J., M. D..... Allentown, Pa.
*Rosa, Lemuel K., M. D.....Painesville, O.
Rosa, Storm, M. D..... .....Painesville, O.
Rosman, John G., M. D.....Brooklyn, N. Y.
Rosman, Robert, M. D.....Brooklyn, N. Y.
*Royston, T. P., M. D.....Lockport, N. Y.
Russell George, M. D.....Boston, Mass.

S.

Sanborn, B., M. D.....St. Johnsbury, Vt.
Sanders, O. S., M. D.....Boston, Mass.
Sargent, Rufus, M. D.....Monticello, Wright co., M.T
Saunders, C. F., M. D.....Waltham, Mass.
Sawyer, B. E., M. D.....Haverhill, Mass.
Scales, T. S., M. D.....Woburn, Mass.
Schmidt, J., M. D.....Baltimore, Md.
Schmœle, H., M. D.....Philadelphia.
Schwartz, Dr. Gust.,.....Philadelphia.
Scisson, Edward R., M. D.....New Bedford, Mass.
Schackford Rufus., M. D... .....Portland, Me.
Shattock, A., M. D.....Buffalo, N. Y.
*Sheek, J. F., M. D.....Philadelphia.
Shephard, Dr. David,.....Bainbridge, O.
Sherman, J. H., M. D.....Nantucket, Mass.
Sherrille, H., M. D.....New York City.
Shipman, Geo. E., M. D.....Chicago, Ill.
*Shué, J., M. D.....Hartford, Conn.
Sill, Joseph, M. D.....~~San Francisco, Cal.~~ Kalamazoo Mich
Sims, Francis, M. D.....Philadelphia.
Sites, Oscar, M. D.....New London, Conn.
Skiff, C. H., M. D.....~~New Haven, Conn.~~ Brooklyn N
Skiles, F. W., M. D.....Pittsburgh, Pa.
Slocum, Mortimer, M. D.....~~Chicago, Ill.~~ St. Anthony Fa

Small, A. E, M. D.....Chicago, Ill.
Smith, D. S., M. D.....~~Waukegan~~, Ill. Chicago Ill
Smith, Edward M., M. D.....Burlington, N. J.
Smith, Hamilton L., M. D.....Mount Vernon, O.
*Snow, R. A., M. D..... .....New York City.
Sparhawk, G. E. E., M. D.....Gaysville, Vt.
Spencer, C. L., M. D.....New Bedford, Mass.
Springsteed, David, M. D.....Albany, N. Y.
*Stansbury, R. M., M. D.....California.
Starr, Calvin, M. D.....Iowa City, Ia.
Stebbins, N., M. D.....Medina, N. Y.
Stevens, C. A., M. D.....Hudson, N. Y.
Stevens, Grenville S., M. D.....Providence, R. I.
Stevenson, T. Collins, M. D.....Carlisle, Pa.
*Stone, Alfred B., M. D.....Boston, Mass.
Stone, Henry E., M. D..... Fair Haven, Conn.
Stretch, J. B., M. D.....Salem, N. J.
Sullivan, John L., M. D.....New York City.
Swan, Daniel, M. D.....Medford, Mass.
Swazey, George W., M. D.....Springfield, Mass.

T.

Taft, C. A., M. D.....Hartford, Conn.
*Taft, G. M., M. D.....New Orleans, La.
Talbot J. T., M. D.....Boston, Mass.
Tarbell, J. A., M. D.....Boston, Mass.
*Taylor, John, M. D.....New York City.
Thayer, David, M. D.....Boston, Mass.
Thompson, W. L., M. D.....Dover, N. H.
Thorne, Joshua, M. D.....Springfield, Ill.
Tift, John, M. D.....~~Norwalk, O.~~ Cleveland Ohio
Titsworth, R., M. D.....Plainfield, N. J.
Train, H. D., M. D.....Sheffield, Mass.
Turner, John, M. D.....Brooklyn, N. Y.
Turrill, M. Y., M. D.....Cleveland, O.

V.

Vanderburg, Federal, M. D.....~~Rhinebeck~~, N. Y.
*Vastine, P. E., M. D.....Trenton, N. J.
Verdi, Tullio S., M. D.....Washington, D. C.
Vinal, L. G., M. D.....Philadelphia.

W.

Wack, Philis, M. D..... .....Philadelphia.
Wackerbarth, T. D., M. D.....St. Josephs, Mo.
Walker, A., M. D.....Pontiac, Mich.
Walker, Chas. H., M. D.....~~Manchester, N. H.~~
Walker, C., M. D.....Northampton, Mass.
Walker, Joseph S., M. D.....Gloucester, Mass.
†Ward, I. M., M. D.....Newark, N. J.
Ward, John A., M. D.....New York City.
Ward, J. B., M. D..... .....New York City.
Ward, Walter, M. D.....Mount Holly, N. J.
Warner, L. T., M. D.....New York City.
Warner, N. H., M. D.....Buffalo, N. Y.
Watson, James L., M. D.....Brooklyn, N. Y.
Watson, William H., M. D.....Utica, N. Y.
Weeks, B., M. D.....South Boston, Mass.
Weld, C. M., M. D.....Jamaica Plains, Mass.
Wells, L. B., M. D.....Utica, N. Y.
Wells, P. P., M. D.....Brooklyn, N. Y.
Wesselhœft, C., M. D.....Dorchester, Mass.
*Wesselhœft, W., M. D.....Boston, Mass.
Wesselhœft, W. P., M. D.....Boston, Mass.
West, Edwin, M. D.....New York City.
Wheat, J. M., M. D.....Oberlin, O.
Wheeler, John, M. D.....Cleveland, O.
Whipple, A., M. D.....Dry Ridge, O.
*Whitehead, C., M. D.....Philadelphia.
Whittle, J. F., M. D.....Nashua, N. H.
Wild, Charles, M. D.....~~Brookline, Mass.~~

Wild, E. A., M. D.....Brookline, Mass.
Wilder, Daniel, M. D.....New Bedford, Mass.
Wilder, Louis De V., M. D.....New York City.
Wilkinson, R. M., M. D.....Rock Island, Ill.
Williams, C. D., M. D.....Cleveland, O.
Williams, George C.. M. D.....Germantown, Pa.
Williams, T. S., M. D.....Germantown, Pa.
Williamson, W., M. D.....Philadelphia.
Williamson, W. M., M. D.....~~Appleton, Wis.~~ Phil.
Wilsey, F. L., M. D.....New York City.
Wilson, A. D., M. D.....New York City.
Wilson, G. H., M. D.....West Meriden, Conn.
Witherell, E. C., M. D.....Cincinnati, O.
Withey, Samuel, Jr., M. D.....Philadelphia.
Wolcott, W. G., M. D.....Whitehall, N. Y.
Wood, J. B., M. D.....Westchester, Pa.
*Wood, J. G., M. D.....Salem, Mass.
Woodbury, J. H., M. D.....East Boston, Mass.
Woodruff, F., M. D.....Ann Harbor, Mich.
Woolverton, A. N., M. D.....Hamilton, Canada West.
Wright, Albert, M. D.....Brooklyn, N. Y.
Wright, A. S., M. D.....Indianapolis, Ind.
Wright Clark, M. D.....New York City.

Y.

Youlin, John G., M .D.....Jersey City, N. J.

Z.

Zumbrook, Anthony, M. D.....Philadelphia.

XVII.

OFFICERS OF THE INSTITUTE

FROM ITS ORGANIZATION

TO THE PRESENT TIME.

1844. *First Session, held in New York.*

Dr. Josiah F. Flagg of Boston, Chairman.
Dr. John F. Gray of New York, Gen. Sec.
Dr. A. Gerald Hull of New York, Prov. Sec.
Dr. S. R. Kirby of New York, Treasurer.

1845. *Second Session, New York.*

Dr. Jacob Jeanes of Philadelphia, Chairman.
Dr. Edward Bayard of New York, Gen. Sec.
Dr. R. A. Snow of New York, Prov. Sec.
Dr. S. R. Kirby of New York, Treasurer.

1846. *Third Session, Philadelphia.*

Dr. S. R. Kirby of New York, Chairman.
Dr. E. Bayard of New York, Gen. Sec.
Dr. R. A. Snow of New York, Prov. Sec.
Dr. S. R. Kirby of New York, Treasurer.

1847. *Fourth Session, Boston.*

Dr. F. R. McManus of Baltimore, Chairman.
Dr. E. Bayard of New York, Gen. Sec.
Dr. R. A. Snow of New York, Prov. Sec.
Dr. S. R. Kirby of New York, Treasurer.

1848. *Fifth Session, New York.*

Dr. Walter Williamson of Philadelphia, Chairman.
Dr. Edward Bayard of New York, Gen. Sec.
Dr. R. A. Snow of New York, Prov. Sec.
Dr. S. R. Kirby of New York, Treasurer.

1849. *Sixth Session, Philadelphia.*

Dr. S. Gregg of Boston, Chairman.
Dr. A. E. Small of Philadelphia, Gen. Sec.
Dr. William P. Esrery of Philadelphia, Prov. Sec.
Dr. S. R. Kirby of New York, Treasurer.

1850. *Seventh Session, Albany.*

Dr. Edward Bayard of New York, Chairman.
Dr. A. E. Small of Philadelphia, Gen. Sec.
Dr. G. W. Swazey of Springfield, Prov. Sec.
Dr. S. R. Kirby, Treasurer.

1851. *Eighth Session, New Haven.*

Dr. William E. Payne of Bath, Me., Chairman.
Dr. G. W. Swazey of Springfield, Gen. Sec.
Dr. Chas. C. Foote of New Haven, Prov. Sec.
Dr. S. R. Kirby of New York, Treasurer.

1852. *Ninth Session, Baltimore, Md.*

Dr. Elias T. Foote of New Haven, Chairman.
Dr. William A. Gardner of Philadelphia Gen. Sec.
Dr. S. S. Guy of Brooklyn, Prov. Sec.
Dr. S. R. Kirby of New York, Treasurer.

1853. *Tenth Session, Cleveland.*

Dr. RICHARD GARDINER of Philadelphia, Chairman.
Dr. WILLIAM A. GARDINER of Philadelphia, Gen. Sec.
Dr. S. S. GUY of Brooklyn, Prov. Sec.
Dr. S. R. KIRBY of New York, Treasurer.

1854. *Eleventh Session, Albany.*

Dr. LYMAN CLARY of Syracuse, Chairman.
Dr. S. S. GUY of Brooklyn, Gen. Sec.
Dr. J. REDMOND COXE, Jr., of Philadelphia, Prov. Sec.
Dr. A. S. BALL of New York, Treasurer.

1855. *Twelfth Session, Buffalo.*

Dr. C. H. SKIFF of New Haven, Chairman.
Dr. J. P. DAKE of Pittsburgh, Gen. Sec.
Dr. A. H. BEERS of Buffalo, Prov. Sec.
Dr. S. S. GUY of Brooklyn, Treasurer.

1856. *Thirteenth Session, Washington City.*

Dr. G. W. SWAZEY of Springfield, Chairman.
Dr. F. R. MCMANUS of Baltimore, Gen. Sec.
Dr. J. MIDDLETON of Baltimore, Prov. Sec.
Dr. S. S. GUY of Brooklyn, Treasurer.

1857. *Fourteenth Session, Chicago.*

Dr. J. P. DAKE of Pittsburgh, Chairman.
Dr. D. S. SMITH of Waukegan, Ill., Gen. Sec.
Dr. G. E. SHIPMAN of Chicago, Prov. Sec.
Dr. S. S. GUY of Brooklyn, Treasurer.

1858. *Fifteenth Session, Brooklyn.*

Dr. D. S. SMITH of Waukegan, Ill., Chairman.
Dr. WM. E. PAYNE of Bath, Me., Gen. Sec.
Dr. E. T. RICHARDSON of Brooklyn, Prov. Sec.
Dr. S. S. GUY of Brooklyn, Treasurer.

1859. *Sixteenth Session, Boston.*

Dr. P. P. Wells of Brooklyn, Chairman.
Dr. H. D. Paine of Albany, Gen. Sec.
Dr. J. I. Talbot of Boston, Prov. Sec.
Dr. C. H. Skiff of New Haven, Treasurer.

APPENDIX.

THE DINNER AND LEVEE

AT

FANEUIL HALL, JUNE 2, 1859.

THE DINNER.

On Thursday, at 4 P. M., the members of the Institute, with distinguished guests, in all amounting to about three hundred persons, assembled in the banquet room of Faneuil Hall, on the invitation of the Massachusetts Homœopathic Medical Society, and the Boston Academy of Homœopathic Medicine, to partake of a superb complimentary dinner.

The hall was tastefully and elegantly decorated, and the entrance bore the following cordial greeting to the members of the Institute:

"AMERICAN INSTITUTE OF HOMŒOPATHY.

16TH ANNUAL SESSION.

WELCOME TO BOSTON!"

Various mottoes adorned the walls, and conspicuous among them was the favorite one of our Great Master: "AUDE SAPERE."

The Germania Band were present, and at frequent intervals discoursed their choicest music.

Among the invited guests were, His Honor, Frederick W. Lincoln, Jr., Mayor of Boston; Hon. Albert Currier, Mayor of Newburyport; Hon. Jacob Sleeper, State Councillor; Judge Metcalf of the Supreme Court, Judge Rus-

sell of the Superior Court, Judge Maine of the Police Court; John M. Clark, High Sheriff; Col. T. Bigelow Lawrence; Aldermen Otis Clapp and Clement Willis; Prof. Henry W. Longfellow, Rev. Thomas Starr King, Dr. Winslow Lewis, William Lloyd Garrison, Esq., Charles B. Hall, Esq., and Joseph Story, Esq.

Dr. Charles Wild of Brookline, presided at the table. Rev. Mr. Hinckley of Lowell, Mass., invoked the divine blessing; and after an hour spent in enjoying the luxurious viands with which the tables were loaded, the President addressed the company as follows:

SPEECH OF DR. WILD.

I feel somewhat reluctant to interrupt the pleasant conversation that seems to prevail around this table; but as this appears too limited for our present purpose, and as we have pretty faithfully regarded ourselves and our immediate neighbors, I propose that we extend the sphere of our attention to the whole assembly. Accordingly, I hasten to aquit myself of the duty in behalf of the members of the Massachusetts Homœopathic Medical Society, and the Boston Academy of Homœopathic Medicine, of tendering a cordial welcome to our Homœopathic brethen from other states to the Metropolis of our old Commonwealth, and indulging in a little pardonable pride of nativity by reminding them that they occupy hallowed ground; that immediately beneath them is the veritable cradle of American liberty; that within the range of a pistol shot the pavement was wantonly stained with the blood of its first martyrs; that within a musket's reach the tea was put to steep, without any regard to culinary precision, in cold salt water, at the great revolutionary tea-party; that far within a cannon's range our forefathers on Bunker Hill received their first grand lesson of self-reliance, and imparted to their oppressors an equally important one of respect and caution; and that then and there burst forth the smothered flame of freedom, which all the energy of the mightiest power of earth failed to subdue. [Applause] In these scenes, doubtless new to many of you, we all have a co-inheritance, and in their reminiscences we may all take an equal interest and satisfaction. In the hall below you have had an opportunity to contemplate upon the appearance and characters of the venerable worthies who have passed away; and we now, with pride and pleasure, would invite you to the acquaintance and congeniality of some of the living magnates of our city and of the old Bay State—our rulers, lawgivers, administrators of justice, clerical teachers, worthy sons of patriotic sires, who have honored our call to meet you and join in our welcome; and we commend them to you as the enlightened friends of progress in every department of science, the liberal patrons of Homœopathy, and well worthy of your respect and confidence.

On the other hand, from past connection and experience we can assure them, that upon you their kindness and comity will be fitly bestowed; that your acquirements are of the highest order, and that you are fully competent to distinguish between a "pseudo science" and a sound system of medical practice, as any or all of your adversaries [applause], and rather more successful in your distinction; that you are to the full, as honest in proclaiming your real convictions to the world, and quite as devoted to the cause of genuine humanity. For ourselves, our greatest boast is, that we have attained to a sufficient influence in the community to bring into contact with the élite of our profession the distinguished guests of our vicinity, now present. And it will be our greatest pleasure to be the humble medium of promoting an agreeable intercourse between you, upon the basis of a declared independence of antiquated conventionalisms in medicine, upon this soil, ever sacred to unlimited freedom of sentiment and debate.

When we remember, that but a few years since, the arbitrary power of the old school of medicine enlisting in its behalf the political authorities, rendered it in Germany a penal offence to pursue the truths we have espoused, but which proved to be irrepressible even by European tyranny, we may congratulate ourselves, that in this land of universal liberty, we have had only to contend with the prestige of the elevated character and position, and the well earned scientific reputation of our opponents, rather than with any popular prejudice in favor of their medical opinions or practice; and we concede that, considering the magnitude of our encroachments upon their cherished fancies and pursuits, they have submitted with a much more commendable grace and patience than might have been reasonably anticipated.

We meet here to-day under circumstances peculiarly favorable to social enjoyment, without an unkind feeling toward any of our fellow men, but animated by an intense desire to prolong human life and promote human happiness, fortified internally by conscious honesty of purpose, sustained externally by the ever-ready aid of the most enlightened portion of society, and encouraged by a progress confessedly as rapid as is consistent with stability, there appears to be no reason why we may not make this a season of unalloyed conviviality; that it must be too limited in duration, is an unfortunate necessity of the time; but that must be compensated by the anticipation of the promised presence of our fair and dear friends and allies, who will this evening give you in their smiles, a crowning welcome to this scene of festivity. Assured, then, that the more unconstrained your intercourse may be, the better you will reciprocally esteem each other; I bid you again thrice welcome to this temple of political, religious, and scientific liberty. [Applause.]

J. H. Woodbury, M. D., of East Boston, the toast-master, then read the first regular sentiment:

The American Institute of Homœopathy—The first National Medical Association; as it takes the precedence in age, so may it ever in the pursuit of truth, science and wisdom.

P. P. Wells, M. D., of Brooklyn, N. Y., Chairman of the Institute, was introduced by the President, and was received with hearty cheers. He said:

SPEECH OF DR. WELLS.

Mr. President: I could wish that the duty of responding to this sentiment had been entrusted to one more capable than I am of returning suitable thanks to the members of the Massachusetts Homœopathic Medical Society, and the Boston Academy of Homœopathic Medicine, for such a welcome as we have just received, to such scenes as these by which we are surrounded. Sir, your sentiment states of the American Institute of Homœopathy that it is the oldest National Medical Association. I was present at its organization, in the year 1844, when some forty or fifty physicians met in a private office, and after due deliberation, associated themselves together, assuming the title which you have named in your sentiment. Since that year the Institute has held annual meetings in eight of the states of the Union; it has annually issued a volume of its proceedings, containing many papers of varied interest and value; it has brought together from all parts of the country, members of our profession, and made them acquainted with each other: it has been the means of concentrating opinion, confirming convictions and extending intelligence; it has been the means of great good to the profession, and through its members, to the community generally. I have had pleasure in noticing, from year to year, in the meetings of the Institute, evi-

dence of increasing intelligence in matters pertaining to the system to which we are devoted, and I am happy to say that it was never so great as on the occasion of this session which has just now closed. I think it is a subject of honest pride and congratulation on the part of the members of the Institute.

At our organization, I suppose the number of practitioners of Homœopathy in the United States, might have been about three hundred. The original membership of the Institute was between forty and fifty. The present membership of the Institute is between five and six hundred; the members of the profession in the United States between five and six thousand. Gentlemen, in these facts I recognize a progress which calls for our gratitude and rejoicing. And, sir, in this progress I behold encouragement and hope for the fulfillment of the wish expressed in your sentiment, that the American Institute may go on to increase in knowledge and in wisdom until it shall occupy the first place among associations of its kind. I am sure that to the hope which you have expressed every member of the Institute will respond a hearty amen. [Applause.] Sir, on behalf of the American Institute of Homœopathy, I again return thanks to the members of the Massachusetts Society, and the Hahnemannian Academy of Boston. [Warm applause.]

The next sentiment was:

America—Her law is progress, her government vindicates those who dare to seek truth in untried ways.

The Band responded with the soul-stirring strains of "*America*."

Third regular toast:

Massachusetts—Foremost among Commonwealths in defending Liberty, in fostering Education, in sustaining Science, and in relieving distress; she welcomes every effort to find a more excellent way to confer blessings on the world.

The toast was received with cheers.

In the unavoidable absence of His Excellency, Governor Banks, Hon. Jacob Sleeper, of the Governor's Council, being called upon to reply, spoke as follows:

SPEECH OF HON. JACOB SLEEPER.

Mr. President: I did not come here with the slightest expectation of being called upon this afternoon; least of all did I expect to be called upon to stand in the place of His Excellency, the Governor. I have never aspired to that honor. [Laughter.] I regret, as I am quite sure that all present will, that His Excellency is not with us this afternoon, as I am certain he would have been very happy to have been here, to tender to his fellow citizens the assurance of his kindly regards, and to the strangers who are with us, his welcome.

I certainly sympathize with the sentiment that has been offered in behalf of the Commonwealth. Massachusetts, sir, has always been a progressive state; its people have always been ready to investigate any new subject and to give it a hearing, and when they approve of it they have the courage to say so. [Applause.] And I regard it as cause of congratulation that this new system of practice, so recently introduced among us, is gaining friends among the more intelligent and reflecting portion of the community. To our friends who have come from a distance to visit us, we extend a cordial wel-

come; and to all engaged in this benevolent work of relieving human suffering and promoting human happiness, we heartily bid you God speed. [Cordial applause.]

Fourth toast:

The Legislature—Though not altogether free from the prejudices of the schools, yet ready to foster all intelligent efforts to develope truth and improve existing institutions.

Hon. Charles A. Phelps, President of the Senate of Massachusetts, who was expected to reply to the toast, being necessarily absent, Charles B. Hall, Esq., of Boston, President of the Massachusetts Homœopathic Hospital, was called upon to respond.

SPEECH OF CHARLES B. HALL, ESQ.

Mr. President and Gentlemen of the Medical Society: I always rejoice in occasions of this kind. I think, sir, that we have, in this country, too few social gatherings like this. We are too emphatically a working people. We do not come together often enough for social enjoyment and interchange of thought. I had understood, sir, that a distinguished gentleman, the President of the Senate of this Commonwealth, was to respond to the sentiment which you have just given; and I see about me gentlemen now belonging to the Legislature, upon whom you might have called, with much greater propriety than upon me. I am called upon to respond for the Hon. Chas. A. Phelps. I don't know what that gentleman was going to say; I have had no conversation with him on that subject, and therefore what I say must be for myself. Having, in former years, had some opportunity for observing matters about the State House, I can say, what you all know, that our Legislature is proverbial for its readiness to give to any object calculated to do good to our people, and especially to those whose needs demand that something should be done by others for their benefit and comfort. It has granted to us, friends of Homœopathy, a charter for a Massachusetts Homœopathic Hospital, with the right of holding real estate to the amount of one hundred thousand dollars, and with all the privileges possessed by any corporation of that kind in the Commonwealth. It has granted a charter to the Massachusetts Homœopathic Medical Society, with all the privileges granted to any association of a similar character. It has granted a charter to the Homœopathic Medical Dispensary, with the privilege of holding real or personal estate to the amount of fifty or one hundred thousand dollars. It may not be recollected by many gentlemen present, that four years ago last winter, when the first of these charters was granted, a report was made in favor of granting to the Homœopathic Hospital the sum of ten thousand dollars. A bill to that effect passed through all the various readings in both houses, and was only killed at last by one vote in the Senate. Soon after this we had a financial crisis, such as has not often been known in this country; in view of the necessity thus imposed upon the state, of extreme caution in making grants, the friends of Homœopathy did not deem it advisable to repeat their request; and, the last winter, the crisis had hardly passed away, so that the time did not yet seem to have arrived for asking the grant; But, sir, it appears to me that from all we know of the Legislature we have a right to expect that it will grant us such aid as we need and desire, at some future time. [Applause.] It has given to the Massachusetts Hospital, I think, seventy thousand dollars in money, which with other grants, would have amounted, at this time, to nearly a quarter of a million of dollars. Now I don't believe that the Legislature of the Commonwealth will be thus liberal to that school of practice, and decline entirely to vote to a very large class of

citizens who believe in another practice, any grant whatever. I believe that at a proper time, if we ask for a grant, we shall have it; and I would not ask for a quarter of a million,—I should be satisfied with *fifty thousand dollars*, to begin with. [Applause.] It is well known, with regard to the Dispensary, that last winter some gentlemen conceived the project of a fair for its benefit. Their thoughts were carried out by the ladies, who became, finally, the principals in the enterprise. We raised, and have now, a fund of some fifteen thousand dollars, which can not be spent for any purpose whatever; the income only can be used, for all time, for the benefit of the poor. [Applause.] This, sir, it seems to me, is a very good beginning. But this is not all we want; we want a Massachusetts Homœopathic Hospital, not simply by its charter and organization, but it must have funds, and be a working corporation. [Cheers.]

Without detaining you by any further remarks, I will close by giving you this sentiment:

The Massachusetts Legislature—May it be as liberal to the Homœopathic school of practitioners as it has been to the Allopathic practitioners of this Commonwealth. [Applause.]

Fifth regular toast:

Boston—A city where free enquiry always meets the largest encouragement, and truth wins hosts of disciples; our cause could not fail in such an atmosphere.

The President introduced Hon. Frederick W. Lincoln, Jr., Mayor of the city of Boston.

SPEECH OF MAYOR LINCOLN.

Mr. President and Gentlemen: I can not say as some of my predecessors have said this afternoon, that I did not expect to make a speech. For one of the embarrassments which I always feel in attending such an occasion as this, is that I have to make a speech; and I was sure, sir, that I could'nt escape from that little pellet of yours, which was certain to bring me down. I feel, sir, a little embarrassed. I am here in an official position; I am not here as a Homœopath or as an Allopath, or as a Thompsonian, or as a Hydropath; I am here simply to respond to the courteous invitation which I received from my friends and fellow citizens, to be present here, and to welcome, in my own and the city's behalf, their friends from abroad. From abroad—from all over the Union, I understand, delegates are here. It seems to me there is a national ring in the idea of such a gathering in the top of Faneuil Hall. And, gentlemen, I welcome you here. [Cheers.]

In regard, sir, to the practice of medicine,—I know nothing about it. I have been sick, as is the fortune of most of us; and I have got well. Whether it was nature, or the skill of my physician, I don't know; at all events, I had to pay my physician, and I suppose it must be put down to his credit. [Much laughter.] But, sir, if there is, in civilized life, a profession which we ought all to respect, no matter what the system, it is that of the physician. They come near to us in the most trying moments; when our loved ones are on the bed of languishment it is to them we look, with hope and with fear. Sir, there is no person that comes to us who becomes more endeared to us than the family physician.

You have called on me, sir, to respond to the sentiment,—"Boston, a city where free inquiry always meets the largest encouragement." That, sir, I feel to be a fact. There is here a good conservative element, which holds that which it ought to hold, and at the same time, through our whole history there has been a good sentiment of progress, which has made Boston what it

is. In medicine we have done much. You recollect the old story of the inoculation for the small-pox, in the last generation, and more recently of the use of ether as a preventive of pain in surgical operations. I believe in both those cases we are indebted to Boston for the adoption of these beneficent practices.

Your sentiment adds,—a city where "truth wins hosts of disciples; our cause could not fail to prosper in such an atmosphere." I have sometimes heard it said that Homœopathists were mostly among the intellectual classes. I suppose, sir, they are students of Shakspeare, and say, "Throw physic to the dogs." [Laughter and applause.]

But, sir, I must bring these random remarks to a close; and I will do so by offering as a sentiment:

The Good Physician, who in his practice unites the experience which past ages have given, with the discoveries of the present, and who, feeling the responsibilities of his position, considers as a sacred charge the distressed and suffering ones with whom he is brought in contact. [Applause.]

Sixth regular toast:

The Judiciary—The Doctors of the Law; the only doctors whose prescriptions must be swallowed, and whose bills must be paid. The world will need them as long as it does M. D.'s and D. D.'s,—that is as long as men will transgress the laws of nature and of heaven.

SPEECH OF HON. THOMAS RUSSELL.

Mr. President: You spoke, a few minutes since, of pseudo science; I know very little about science, but I do know something about a *sudor-ific*, and none can be more powerful than being called upon to speak when you have nothing to say. I may say, for once, with truth, that "I was called upon unexpectedly;" for even after the toast was announced, I looked to your right and saw there the venerable presence of one of our Supreme Court Judges (Metcalf), and I sat here feeling as quiet and safe in his shadow as the citizens of Massachusetts sit in the shadow of that court of which he is so distinguished an ornament.

I have thought, sometimes, sir, that your profession and ours, though they profess to feel a great deal of respect for each other, yet have a little bit of awe mingled with that respect. I have been reminded sometimes, as a doctor introduced me to a meeting, in a kind of caressing way, of a timid man approaching a somewhat doubtful dog,—"Good fellow! good fellow! lie still,"—all the while afraid that the good fellow would bite. I hasten to relieve you; for I am just now one of the most innocent and harmless judges you ever saw. [Laughter.] You speak of administering the laws; I am, this month, "an administrator *de bonis non*," for which overhaul your Revised Statutes, and when found make a note of. But as to you, I can not be quite so sure. I have been slightly afraid of doctors; but, this week, I have special cause for alarm; for only this morning I read that it was voted, at the Homœopathic meeting yesterday, that every member of the Bureau should select some medicine, and for this year experiment with it on some one of his friends. [Great laughter.] Mr. President, are you a member of the Bureau? [Fresh laughter.] If you are, who is your friend? [Renewed merriment.] And, above all, what is your remedy?—or in the language of the lamented Sam. Weller: What is your particular wanity? [Shouts of laughter.] Is it hemlock? or hellebore? or what is it? From one thing save me,—don't try that *polygonum-punctatum* reported upon yesterday. [Great merriment.] There is no need of trying that, for as long as there are roguish boys in the world, they will contrive to get a leaf of smart-weed in other people's mouths. I speak not wholly without information on that point.

I think the Committee of Arrangements have already tried an experiment on our constitution; and to borrow language from your own dictionary, I think that after such a dinner as this a long speech is "contra-indicated." Indeed, seeing who were around me, I thought it would not be the place to make a set speech; for a set speech here would be a drug, and this is the last place to bring a drug. Besides, I hate anything set, except a table — or a hen.

But let me say that I do admire the consistency of that same Committee of Arrangements. They foresaw that we might feel a little inconvenience after our meal, and see how scientifically they have provided a remedy. For a hearty dinner at four o'clock, take a light supper at nine o'clock. *Similia similibus curantur.* [Laughter.] Consistency is a jewel everywhere; and that Homœopathic remedy, attended, as it will be, with an exhibition of *belladonna*, I am sure will prove efficacious. [Continued merriment.]

I have been wondering, all the time, by what right I am here at a Homœopathic meeting. Your toast tells us that the prescriptions of judges must be swallowed, though I have never heard it said that they were homœopathic, for, I tell you, in some of their prescriptions one swallow makes a Summer and a Winter, too. It is customary for speakers on such occasions to show they have some right to be present, and if possible that they have a better right than anybody else to take part in the festival. I have searched the family records for any facts, which might give me a right to be here, and I find that it is one of the stories related of my infancy, that before I had the power of speech, at the first production of rhubarb I lifted my inarticulate voice against it, and showed, even then, that repugnance to allopathic treatment which I feel now. I can assure you that the repugnance has never been removed, though the rhubarb was. [Laughter]

But let me also, by the way, give you a little piece of legal advice, gratis. Our good Mayor has spoken of throwing physic to the dogs. Don't you do it! Don't you do it! The very last Legislature of Massachusetts passed a law forbidding cruelty to animals. [Great merriment.] But, not satisfied with searching my own records, I went back to see if I could not find the first instance of Homœopathic practice. I think I told some of you, on a former occasion, that I had found the first Homœopath. He was the man who said: "Set a rogue to catch a rogue." We used to apply it to police officers; but, in this enlightened age and city, we have done away with that, years ago. But I have found a better instance than this. You have all read, in that excellent work, edited by Mr. Joseph Miller, the story of that poor sportsman who fired at a deer—the story is generally told at political meetings—and did not hit it, and when the animal proved to be a calf, he defended himself ingeniously, by saying: "I fired to hit it, if it was a deer, and to miss it if it was a calf." That man was a Homœopath; for it is the pride of your theory and practice, that if your pellets do not always do a great deal of good, they never can do any harm. If you don't hit the disease, you don't kill the calf; and, therefore, some of us are here. [Laughter.] Now just see how differently the Allopaths practice. It was only the last week, that a good friend of mine, who is an unconscious imitator of Mrs. Partington, told me of a terrible dose of opium his brother had taken. "And will you believe it, Judge," said he, "he lost his conscientiousness for six hours!" I think the doctor, who administers such doses, loses his conscientiousness before he gives them. The old practice of the Allopaths reminds me of my old dancing master, who used to call out every five minutes, "Dos-a-dos." That was the motto of the Allopaths, dose-a-dose. [Great merriment.] If you had done nothing but to reform the practice of those same good friends of ours, and teach them moderation in their doses, you would be worthy of more thanks than I could give you to-day. In behalf of men no longer strained, as they used to be, by the violence of pills, powders and physic; in behalf of poor children no longer drugged to sleep and drugged to death by laudanum and paregoric, I thank you even for what you have done with Allopathic physicians. I do not wish to say anything extravagant in regard to Homœopathy; but this I

am sure I may say in its praise: if to be the greatest chess player in the world is "a new clause in the Declaration of Independence," then the practice of Homœopathy is certainly an amendment to our constitution. [Great laughter.]

One word I meant to say to those who have come here to visit us at home. I wanted to remind them that it was meet that they should gather here—the friend on my left says it is meat and drink—that we should not only assemble in this place to have our feast, but right that you should meet in Boston, and in the Cradle of Liberty, for nowhere else in the world is there a spot where men are more likely to follow truth, in spite of abuse, in spite of attack, in spite of ridicule, than here in old Boston, and here in Faneuil Hall. [Applause.] I meant to say something of this, but it was better said last week by one from whose wisdom I am proud to borrow, though I should never dare to contend with him in wit, for I am sure we can not give the Massachusetts Medical Society a Roland for their Oliver; but I borrow from his wisdom, and was glad when he told us that in Boston it was never a reproach to any cause or idea that it was called heretical or absurd. I was glad when I heard his voice reckoning the triumphs of free thought in this free city, make mention of that faithful physician who dared to practice in his own family the then novel and unpopular discovery of Jenner, scouted and laughed at once, universally accepted now—vaccination, that Homœopathic remedy which cures in advance by taking a very little of the same virus which occasions the disease, only taking it in good season. I was glad to be reminded that this practice was then despised more thoroughly than your practice has ever been. I saw in that a bright omen for the future of Homœopathy. When her festivals are held in Boston her day of triumph is close at hand. Liberal science, from the three hills of our city, can see no limits to her empire.

But there is one field, where you and your Allopathic brethren stand together, and know no rivalry, except to see who shall be truest and foremost; for, whether he be Allopathic, or whether he be Homœopathic, I trust there is not a physician in Boston, or in America, who would be slow to hear the call of the poorest suffering man or woman. Professor Parsons has just recorded of his father, the great Chief Justice, that he never made a charge to a clergyman or a widow. Let it be recorded of our physicians, that the poorest woman in North street, the poorest man in the meanest tenement in Broad street, can summon to their bed-side the best medical talent of the land. I give you as a sentiment:

The Professors of the Healing Art, however divided in opinion, always united in their earnest search for truth; in their devotion to the good of man; in their countless charities, and in our affectionate regard. [Hearty applause and cheers.]

Seventh regular toast:

Homœopathy and Poesy—The praises of our whole science should be sung in verse as well as declared by advocates in prose.

To this toast George W. Pettes, Esq., of Boston, responded with the following poem:

POEM BY GEORGE W. PETTES, ESQ.

"Once on a time," or "several years ago,"
The waves of progress moved uncommon slow;
And certain people, faster than their peers,
Talked of great changes in the coming years.
They said, those nervous, discontented folk,
That calomel, by ounces, was no joke.
That they declined, when somewhat out of tune,
Imbibing laudanum from a table spoon;
And though at times, when sitting down to dine,
Each man consumed three bottles of good wine,
Yet, when his case would undergo review,
He thought of castor oil, that *one* might do.
And they resolved, when next beset by ills,
To use economy in taking pills.

I don't intend their principles to scan;
Perchance, e'en you, sir, were a *Wild* young man;
But in behalf of all the human race
Who are not present in this cosy place,
I thank the men who formed the triple plan
Of aiding science, benefitting man,
And rendering each prescriptionary mess
Small by degrees, and beautifully less.

Those good old days, when dosed with "number six,"
Snug at our feet, two hot, companion bricks,
Piled on us, comforters of red and blue,
Quilts made of scraps of every size and hue,
Till, like Macbeth, we're forced to cry "enough."
(Our granddams' remedy for cold or cough,)
Have passed away, and in their stead we own
The hundred arts of our prolific zone.
The allopathist makes us sicker still,
And in the cure displays his wondrous skill,
The homœopathist, reasonably verbose,
Prescribes his gentle, infinitesimal dose.
The hydropathist *floods* the trouble off,
And sometimes drowns the patient *and* the cough.
Botanic doctors, weeds and briars give,
Which, if we let alone, we chance to live.
The man mesmeric, touches sudden springs;
The man galvanic, fetters us with rings;
And yon pale seer at Galen's feet who sits,
Though good for nothing else, is death on fits.

A kind divinity 'mong broken bones,
A learned doctress is Miss Julia Jones:
Some of her patients, when she shows her art,
Experience palpitation of the heart.
Fever 's her *forte*, if your's has not begun,
Forthwith her presence throws you into one.
Health is a blessing, but a man may bear,
A little pain, if under Julia's care:
In fact he'd rather be a little worse
Than lose this ministering angel for his nurse.

Sir, I was asked to make some funny rhyme,
Of course, with pressing duties, in brief time,
But now, ere giving way to abler men,
One serious thought shall claim my honest pen.
Of this large number congregated here,
Each shall return to his respective sphere,—
May each be prospered in attempt to lend
Aid to the helpless who most need a friend.
True to his trust, to each the purpose given.
To win the approval of benignant heaven.

Eighth regular toast:

Galen and Hahnemann—The Mysian, a star in a dark age: The German adds brightness to an age of light.

Ninth toast:

The Press—The greatest of all human agencies for the improvement of mankind, the overthrow of error and the indication of truth.

Dr. William E. Payne, of Bath, Maine, was called upon to respond to the eighth toast, Col. Schouler and Hon. Richard Frothingham, Jr., to respond to the ninth, but in the absence of these gentlemen no response was made to either sentiment.

Tenth toast:

The Clergy—Our fellow laborers in ministering to suffering humanity; if their ministrations are more welcome and successful than ours we rejoice in it, since the need is greater, and we will not attempt to restrict their method or prescribe for them a school of practice.

Rev. T. Starr King answered this toast, as follows:

SPEECH OF REV. THOMAS STARR KING.

Mr. Chairman: I said, as soon as our friend—I may hope to say *my* friend—Judge Russell, had finished speaking, I pity the man that is to follow him. I did not suppose that the gentleman near me was to entertain us immediately with his charming poem, or I should have qualified the saying; but I find that two gentlemen, who have been called upon since the poet took his seat, have so far sympathized with me in that feeling as to leave the room and dodge their duty. Now I say, I pity the man that was to follow Judge Russell, *the next but one*, and I hope you all sympathize with me in that sentiment; if not, you are very cruel. Is it not very proper that our friend has been promoted to a Superior Court? Would it have been proper at all, to make him a Judge of the Court of *Common* Pleas? [Applause.] But I have been trying to think, gentlemen, what brought me here, when there was some danger of being called on to make a speech, which I hate above all mortal things. One or two reasons, serious ones, and perhaps not altogether discreditable, I may allude to before closing. Yet I suspect that a prominent motive was curiosity. You know how anxious people often are to learn how a distinguished man *lives*—how, if he be a preacher, he carries out in the spirit of his daily career, the principles which he interprets and enforces in his great sermons. You know, too, what great interest the children all feel, if they are going to a menagerie, to be carried there about feeding

time. Now let me confess that I was tempted by your invitation, because I wanted to go to a meeting where I could see the doctors eat. [Laughter.] And I have been deeply interested in seeing that you are not homœopathic in your treatment on some occasions. I queried whether the principal dish would be sparrows' tongues; I did'nt know but that the table would be provided with a humming-bird for six; I thought it possible that we might have coffee about as strong as the tea which was made in the harbor at the old Boston Tea Party already alluded to. I had some suspicion that we might see a musquito served *a la fourchette*; I imagined it possible that we might have one spear of asparagus for a whole table, or that the infinite divisibility of matter might be illustrated for us by the trituration of a grain of pepper, or a flake of salt. And yet, if I had known that our excellent friend, Mr. Smith, was to be the caterer, whatever might be your principles of eating, I should have been sure that he would have treated you on the allopathic system.

It is always pleasant, gentlemen, to see a gathering of exclusively professional men. Perhaps some of you have read the remarkable account by Zschokke, a Swiss clergyman and novelist, of a peculiar power, which he says he possessed, but which he could not explain, which enabled him, sometimes, when a person came into his presence, to see not only the bodily form but the very soul of the man, and also the moral landscape in which he stood. He could see at once all his surroundings and influence upon society; sometimes he was even able to see the whole history and psychology of the man. (If there were many such clergymen now in the pulpit, I don't think they would have very large audiences.)

Now if we should go to a meeting of clergymen what a vast mass of dreary paper would be seen by us, if we possessed the power with which Zschokke was endowed. At a gathering of lawyers, what piles of briefs would at once stand out around them, to such insight — thousands of causes which have produced no effects for their clients! Could we have gone to a dinner of physicians of the old school of practice, a hundred years ago, what horror would have taken possession of us in seeing each one of those men stand out the representative of a large pond of delicately flavored senna and salts, a trench about as big as that at Sebastopol filled with blood, and a pile of pills equal in bulk to one of the pyramids of cannon balls which we see at the Navy-yard! This is scarcely an exaggeration. I suppose that, in those days, two doctors, as far as shedding the vital fluid is concerned, were about as good as one brigade. Must we not acknowledge the striking propriety in their old name of *leeches*? And is it not well worth the while of any person interested in the philosophy of progress to come and see a gathering of physicians like those in this room, each one of whom represents, in contra-distinction to the picture that would have been called up a century since, a little pile of pellets which an ant could probably throw up in one day, and perhaps about a pound of sugar. Certainly, I don't believe that anything more frightful would be revealed in the professional surroundings of the average physician here, if a man like Zschokke could see the landscape implements of his professional life.

Let us rejoice that it is so. Let us not be unhappy, either, over the fact that, in one respect, this tendency represented by your school of practice, is beginning to spread to the clergy. I believe the Homœopathic system is becoming frightfully developed in our congregations. They clamor for short sermons, and many of them are troubled if they have anything more than infinitesimal doses of some more serious services. A friend of mine, a prominent ornament of the pulpit of New England, went not long ago to a neighboring city to preach. His discourse was a very elaborate one. He went home with one of the prominent members of the society; and at dinner was treated by his host with an essay upon government, a subject which he seemed to have studied quite carefully. My friend, who is a philosopher in that line as well as in divinity, said to him, "Well, sir, you have evidently examined with care the English and American Constitutions; which scheme

of government, on the whole, do you think is the better?" The old gentleman looked up and said, "I have not entirely made up my mind; but two principles would determine me; I should prefer the government where they preach the shortest sermons and hang the most folks."

Now, Mr. Chairman, the labors of such men as Brother Spear are leading us away from the ideal of society in the latter direction; but we are approaching the Homœopathic system, more and more, in the former. And thus the tendencies to barbarism on the one side and to progress on the other are about balanced. [Laughter.]

Yet, Mr. Chairman, I came here urged by motives that must be more seriously expressed· You have complimented the clergy as the representatives of Christianity. We should remember, however, that there can be no complete representatives of the Christian system. There is no *single class* in the community which can be called up to answer especially to our broad faith; no isolated class of men can dare to stand forward as the peculiar representative of the Christian religion. You know it was said by one of old, "To one is given by the Spirit, the word of wisdom; to another the word of knowledge by the same Spirit; to another faith by the same Spirit; to another the gifts of healing by the same Spirit." Although, sir, the clergy may stand out as a separated body, in our thought, and be classified as distinct in the community on occasions like these, the real ministers of Christianity can not be. Every man who expressed a great spiritual truth in his life, and who publishes a generous consecrating sentiment by his profession, is a Christian, and a minister of the Gospel of Christ. It is glorious to have the privilege of standing in an assembly like this to bear testimony to this old christian truth, and to bring a noble text of the Apostle Paul to back it up.

And, sir, as I have sat here and thought how much good these men have done in our community in the last few years, it has seemed to me that, after all, the two great offices of the Christian religion are divided so that they can be, on the whole, represented by the clergy and the physicians, better than any other two classes. The great aim of Christianity in regard to men, perhaps, can be represented by these two learned bodies. Very much as two complementary colors make up the clear white light, so they represent the full-orbed offices of the Master; for He, you remember, was not only the great Teacher, but the great Physician. He preached and He cured. He touched equally the body and the soul with His word and with His miracles. And if from His right hand has come down the apostolic succession of the clergy, let us remember that from His left hand has come down the apostolic succession of the physicians. And the tendency of these two great bodies to unite in a common point is shown, I think, in the great effort of the ministers of every Protestant denomination to be accounted "doctor" at last, [laughter,] which is the highest aim in the outward lines of ambition, of every one of us, except the brethren of the Episcopal body. And I think that this tendency ought to be balanced by the willingness of the physicians, in their medical societies, to grant to their leading members the title of "Reverend." [Laughter.]

And can it be possible that any other man deserves that title more fully, or can claim more clearly the confidence and respect which the title implies, than he who goes into the chamber of sickness to publish from his presence a healing influence while his genius and skill are ministering to the poor, suffering frame. You know, sir, that, very often, the spiritual ills are reached by bodily remedies, and, bodily ills mav be reached, also, by touching anew and tenderly some spiritual spring that has lost its vitality. I know it is the case with many here, that they have been paid for their outward attendance when the real service they have performed in the sick room has been in the administration of something higher still, something for which they could not have thought of charging, and yet which has done the work of which outward physical remedies have been accounted as the cause. I honor such men whenever I see them; I pour out from a full heart my thanks to the committee for the honor they have done me in asking me to meet so many

of them here. And in thanking them, also for the privilege of speaking to such a sentiment as that by which they have called me up, let me condense all that I wish to say, in these few words:

The Physicians of All Sects—the other half of the Christian ministry, often the better half; their devotion and fidelity should serve at once as example and stimulant to their clerical brethren, while they form so noble a chapter in the history of human benevolence and heroism. [Enthusiastic applause.]

Eleventh toast:

The Nestor of Homœopathy in New England—He adopted the Homœopathic theory and practice twenty-one years ago. Being now of age, he can speak for himself.

Samuel Gregg, M. D., of Boston, responded thus:

SPEECH OF DR. GREGG.

Gentlemen: The story of Nestor tells us, that he was preserved from destruction by Hercules on account of his tender age. It is also said of him, that he particularly distinguished himself by his eloquence and wisdom, all of which can not apply to your respondent. But if the appellation is meant to portray his tranquil, virtuous and useful life, as delineating the greatest perfection of which human nature is capable, your respondent has no objection. As to my age, sir, it is well known how lads rejoice to get "out of their teens;" and why should I not rejoice to be surrounded, at this day, with such a host of compeers?

In my tyrocinium, I had a hard and lonely time of it. For nearly a year after I commenced the practice of Homœopathy, there was no professional advocate of the system in all New England with whom I could consult on the subject. At that time the only Homœopathic literature in English translation, was Hahnemann's Organon, an early and very small edition of "Herrings' Domestic Practice," and the text of "Jahr's Materia Medica," the Repertory to which was then in press.

Such, sir, were my beginnings, and why should I not, at this day of my "majority," feel happy to be thus surrounded by the hoary heads of wisdom, and the vivacity of youth and enterprise?

Mr. President: I would propose to you,

The American Institute of Homœopathy—May the efforts of its members never remit until they have arrived at the consummation of the hope of its early founders. [Cordial applause.]

Twelfth toast:

Our Allopathic Brethren—In discussing our differences with them, we reverse our practice, and will try to give them, in exchange for their small pellets of error, large doses of truth.

Winslow Lewis, M. D., Consulting Surgeon of Massachusetts General Hospital, responded:

SPEECH OF DR. WINSLOW LEWIS.

Gentlemen; or would it not be in better taste for me to say Brother Practioners [Cheers]: Would it not evince a kindlier spirit, the spirit by which I have ever been actuated toward your body, to address you as co-laborers engaged in the holy cause of administering to the best of God's gifts, health. [Renewed applause.] I am exceedingly embarrassed, for several reasons. My reverend friend on my right [Mr. King], implored your pity because he had to follow two brilliant men on this occasion. Now he has superadded his own excellence to those who preceded him. I am left here, too, certainly, in some respects, a lone and solitary individual. My other friend on the right [Judge Russell], the wit, the scholar, the eloquent man, the man of high position, the great exponent of the law, although he is in so small a space, in respect to whom I may reverse the mathematical axiom and say of him, *parvus in se continet majora*, asked why he was here, and surely then I may ask it for myself.

And yet, sir, I stand before you deeply interested in this audience, for I allow that you and I are in the same high pursuit, and I number in this audience very many warm personal friends. Some of you, students, who have wandered, perhaps happily wandered, from the paths that I taught you; I hope you may have arrived nearer the great truth which we all seek. I have never been one of those who have vituperated the science which you teach. Of that science I confess my utter ignorance, the more shame that I stand here to say so, but I know that the benefits which have accrued to Allopathy from your science have been immense; that they have revolutionized our therapeutic agencies, and I am not prepared to say, that it has not done more good than was effected by your predecessors. Still I am not here to decry Allopathy. I look back to its antiquity; I look back to the illustrious names which adorn our science, and I fear that at my period of life no change for the better can ever happen to me. But as I said before, do I not stand in a very peculiar position? Perhaps I am the only Allopathic practitioner present. If I am, do I not occupy a somewhat perilous position? But I am not afraid of your therapeutical agencies. [Laughter.] I think that from an attack of the whole materia medica of your books *I* should come out unharmed. But reverse the position. Were one of *you* to stand in such an assemblage of Allopaths and be thus attacked, how would you feel under the huge *pill* or more huge *bolus*? Would you not then succumb and say that in therapeutic thunder you were no great shakes. [Great laughter.]

I have nothing to say on this occasion except that I am glad to be once more with you, for this is not the first time that I have had the pleasure of an invitation to meet the Homœopaths of this city.

This Therapeutics is a curious thing, and this *truth* alluded to in the sentiment which has called me up, is a thing still sought for, still not attained. Perhaps you have finally attained it. This is not for me to gainsay. But the therapeutics of truth, are they of necessity small or large? Do we know the size of the Goddess, Truth. Perhaps she is sylph-like and diminutive; perhaps she is amazonian in her structure; perhaps as she is supposed to reside in the depths of a well her therapeutic agency may be exhibited by drawing her up in a thimble as well as in a hogshead. [Laughter and applause.] Brethren: I will give you a sentiment in which we can all cordially join. I give you that practice which best carries out the science of medicine. [Loud applause and three hearty cheers.]

Thirteenth toast:

Homœopathy.—Let it be judged by its merits and tried by its success, for only so will it consent to wear the laurels it may win.

Professor Charles J. Hempel, M. D., of Philadelphia, responded:

SPEECH OF PROFESSOR HEMPEL.

Mr. President: After the many beautiful sentiments which have been uttered this evening, I really do not feel prepared to add much, if anything, to this torrent of eloquence. I am not naturally a public speaker; I am in the habit of addressing my class, and I believe I do it to their satisfaction; but I have never been in the habit of addressing—and, indeed, I have never been called upon to address—an audience like this. The subject of Homœopathy is perfectly familiar to me, sir; but I find myself entirely overwhelmed by the mass of associations which crowd upon me in this sacred hall. When I talk in this way, I want you to understand that I mean what I say; I don't say this merely as a figure of speech, but I wish you to understand me litterally,—I am not only confounded in my mind, my ideas vanish away from me, I have hardly been able to master my emotions. When I entered this building—and this is the first time that I have had the exquisite pleasure of seeing Faneuil Hall—when I entered this building, sir, the tears flowed down my cheeks, I felt that I was indeed rocked in the Cradle of Liberty. [Cheers.] Mr. President: Freedom has ever been my watchword. When I was a boy, sir, I was wedded to freedom. I never could brook restraint, for I was born, as it were, with the impulse of liberty. I desire freedom, I desire it now, for every human being. I believe, sir, that the battle of freedom is our great mission. I have no respect for any man who is not prepared to fight this great battle, not only to-day, not only to-morrow, but every moment of his life [cheers], that it is especially incumbent upon Homœopathic physicians to battle for freedom, freedom from prejudice, freedom from superstition, freedom from the creeds, freedom from dogmas. I believe, sir, that it should be the rule of every Homœopathic physician to place *man* above mere institutions, and I believe that this rule should be lived up to. And I am a Homœopathic physician for no other reason under heaven than because I believe Homœopathy to be the very best system of promoting the great end which every true physician has in view, to relieve human suffering. [Applause.] If I knew of a system of medicine which would accomplish this more speedily, I should abjure Homœopathy this instant and adopt the other system. I do not know of any better system, and I therefore practice by the Homœopathic law, *simtlia similibus curantur*; and I shall defend this, on every occasion as a divine law, a heaven-born law, simply because I believe it to be fitter than any other medical formula to free man from disease.

But, sir, I do not wish to detain you with any extended remarks, to weaken the impression of the beautiful sentiments you have heard this evening. I would merely say that I wish to request of my co-laborers in the good cause of medicine here assembled, not to leave this sacred temple without a pledge to their inmost consciences, and in the presence of their Maker to promise that they will never let a single day pass by without doing something, saying something, feeling or wishing something, to protect the great interests of suffering humanity. I believe, sir, that Homœopathy is the law of God, and I therefore believe that this humanity is bound to gravitate towards it. I believe that Homœopathy is a higher law, not as universally conjectured by human society, nor as yet incorporated upon the great statute-book of medicine, but still a higher law, which, sooner or later, will be acknowledged by every truth-loving physician. In the meanwhile, I would request all of you to work for that time, unitedly, and avoid all unnecessary sparring, all unnecessary discussion, and endeavoring to concentrate our efforts in this one great cause. Let every man have his own private opinions, let us differ, if you please, in small matters, as we have done in our late convention; but when we stand in the presence of our great law, let us all unite, let us all feel that we are defending a noble cause, and let us all be convinced that this course will ultimately bear fruit for the regeneration of man, physical, moral and intellectual, for this is the great mission of Homœopathy, to build

up the human body, free from weakness and disease, and basing upon this beautiful platform a sound mind and a regenerate heart.

I would offer this sentiment:

Homœopathy—May she end in preparing the day when every man, a being of reason, shall move with his body in perfect accord with every legitimate and pure desire, with his mind in perfect accord with every beautiful perception of truth, with his soul in perfect accord with every legitimate, pure, and noble affection. [Applause.]

Fourteenth toast:

The Homœopathic Medical College of Pennsylvania—Pleased with its past success, proud of its present position, we have the highest assurance for its future.

William A. Reed, M. D., Professor in the Homœopathic Medical College of Pennsylvania, on rising to respond, was greeted with warm applause. He spoke as follows:

SPEECH OF PROFESSOR REED.

Mr. President: Instead of apologizing for the lameness of the speech which I am expected to make, I choose rather to have you discover that yourselves, feeling sure of your charity.

On behalf of the College, I return sincere thanks for the highly complimentary manner in which you have been pleased to notice it.

I can not declare that we have deserved your commendation, but, I can say that we are grateful for it. We are glad to receive the approbation of our colleagues throughout the land. We rejoice when we are assured that we may expect their coöperation; and we thank you, Sir, and we thank many of those present, not only for their professions of good will, but also, for the evidence of this which they have so often given by their actions.

At this late hour I may but allude to the history of our College. That there have been errors in the past we are not slow to admit: that there have been times in the history of our institution when we could have wished for better results to present for your approval, we can not deny; but we do now claim for ourselves that we are in that position, and we possess these appurtenances which entitle us to pledge those of you who are training students, such facilities for the securing to them of a medical education as may not be surpassed any where else in all our country.

The history of our College reveals great labor on the part of those who have heretofore been called to sustain the burden of teaching. Their tolls have cost the health of most of them, have consumed the lives of two of the most distinguished. The memories of Matthews and Loomis are revered by all. There are those around me here, who, with myself, are proud to be recognized as Alumni of the Institution which gave us teachers like these. There also are my classmates who listened to the teachings of both of those who have passed away, and witnessed the efforts which robbed them of their strength. They achieved success in their labors, but their lives were the cost.

The results of the efforts of our predecessors afford the best proof of the success or the failure of the institution as an educational enterprise. We have good evidence of its success, in our present convention, where fully one-third of the physicians in attendance are Alumni of the College. To these we point with pride. We are glad to acknowledge them our colleagues; we rejoice in seeing them respected and cherished in their several positions.

Not to tire you, Sir, I will close these perhaps desultory remarks with a simple sentiment.

On behalf of the College I would offer you:

The Alumni of our Institution—We are glad to find them honored and beloved physicians. [Cheers.]

Letters had been received from many noted Homœopathic physicians of this country and Europe, and from distinguished public men who could not be present; but there was not time to read these, as the President here announced that the hour for separation had arrived, and the company dispersed to meet again later in the evening.

THE LEVEE.

At 9 P. M., the same company, with their ladies, a large number of invited guests, and the ladies who had taken a prominent part in the Fair, recently held in Boston, in aid of the Homœopathic Dispensary, about fifteen hundred persons, in all, assembled in Faneuil Hall, which had been gorgeously decorated for the occasion. The entrance to the hall was through an arch of flags, and the entry and stairs to the upper hall, were tastefully draped with flags and bunting. In the main hall various colored buntings radiated from the ceiling to the gallery cornices, and drooping from the centre was a cluster of stars on a blue field, surrounded by American flags on staves with gilt ornaments; above and below the galleries were heavy festoons of bunting, extending the entire length of the hall. On the front of the gallery, opposite the rostrum, were the words: "A Cordial Welcome to the FAIR Benefactors of the FAIR." On one of the side gallery fronts, the words: "The Dispensary Acquired," and on the opposite side: "The Hospital Required," briefly expressed what has been, and what will be done for Homœopathy in Boston. The eagle was appropriately dressed with bunting, and in rear of the same a glory of flags. The windows of the galleries were draped with flags of different nations, and the windows on the lower floor with American flags, interspersed with elegant mirrors. In the recess of the centre door was a mirror draped with flags; on the rostrum, a large and splendid bronze bust of Hahnemann, with this motto: "*Die Milde Macht istgross*;" underneath and twining around the pedestal was the highly appropriate motto of the Massachusetts Homœopathic Medical Society: "*Certiorem medendi usum malwit.*" Suspended from the galleries was a number of beautiful bannerols which added much to the effect, and the whole reduplicated by the mirrors on every side gave a brilliancy and almost magic beauty to the scene. The Germania Band occupied the rostrum, and sent forth their sweetest melody. The music at once introduced the company into a social and enjoyable atmosphere. The hall, though well filled, was not crowded, and promenade and conversation were freely indulged in. Never before were so many Homœopathic Physicians gathered together, and all seemed to show in their demeanor that if they give their patients small doses of medicine, they themselves can take large doses of enjoyment. The ladies were in full dress, and by their graces and smiles, gave life and animation to the scene. It was the frequent remark of gentle-

men from other cities, that such an assemblage of intelligence, refinement, wit and beauty was unsurpassed by their former experiences, and none were surprised that the Fair, in such hands, should have proved such a signal success. At 11 o'clock supper was announced, and the company was ushered into a large and finely decorated hall, with numerous anterooms. The tables were laden with the choicest delicacies of the season and adorned with the rarest and most beautiful flowers. An hour was here spent, and ample justice done to the exceedingly liberal provision, when all returned to the main hall where conversation continued, while some of the company formed quadrilles to the music of the band. Gradually adieus were spoken, and the numbers who left Old Faneuil Hall on that night will not soon forget the pleasant termination of the Sixteenth Annual Session of the American Institute of Homœopathy.

PROCEEDINGS

OF THE

SEVENTEENTH ANNUAL MEETING

OF THE

American Institute of Homoeopathy,

HELD IN

PHILADELPHIA, JUNE 2, 1860.

NEW YORK:

AMERICAN HOMŒOPATHIC REVIEW PRESS.

1860.

PROCEEDINGS

OF THE

SEVENTEENTH ANNUAL MEETING

OF THE

American Institute of Homoeopathy,

HELD IN

PHILADELPHIA, JUNE 2, 1860.

NEW YORK:

AMERICAN HOMŒOPATHIC REVIEW PRESS.

1860.

CONTENTS.

I. Proceedings of the Seventeenth Annual Meeting of the American Institute of Homœopathy. 9
II. Annual Address, by F. R. McManus, M.D. 29
III. Report of the Central Bureau for the Augmentation and Improvement of the Materia Medica. 51
Proving of Nitro-Glycerine, Glonoine, by W. E. Payne, M.D. 53
Proving of Inula Helenium, by E. Bayard, M.D. 58
" " " by B. F. Joslin, M.D. 59
Proving of Rumex Crispus, by Clark Wright, M.D. 60
Proving of Chinaria Canadensis, by C. J. Hempel, M.D. 61
IV. Medical Education, by D. M. Dake, M.D. 62
V. Stomatitis Materna, by R. Ludlam, M.D. 78
VI. Medical Ethics, by W. Williamson, M.D. 95
VII. Apis in Albuminuria, by B. F. Joslin, M.D. 106
VIII. Homœopathic Notation, by B. Fincke, M.D. 117
IX. Gelsiminum Sempervirus, by L. M. Kenyon, M.D. 138
X. The Dose in Drug Proving, by Carroll Dunham, M.D. 140
XI. Report on Cases of Diphtheria, by C. Hering, M.D. 159
XII. Report of the Homœopathic Medical Society of Chester Co., Pa. 161
XIII. Report of the Homœopathic Medical Society of Philadelphia. .. 163
XIV. Sixth Annual Report of the Central Homœopathic Dispensary, New York City. 165
XV. Report of the Philadelphia Northern Home for Friendless Children. 167
XVI. Report of the Homœopathic Dispensary of the South Eastern Portion of Philadelphia. 168
XVII. Report of the Homœopathic Infirmary, Philadelphia. 169
XVIII. Sixth Annual Report of the American Prover's Union. 170
XIX. Report of the Committee on Deceased Members, ... 171
Richard S. Bryan, M.D. 171
Robert Rosman, M.D. 174
Ferdinand L. Wilsey, M.D. 175
Isaac E. Kirk, M.D. 177
XX. Treasurer's Report. 178
XXI. Constitution, By-Laws, &c. 180
XXII. Names of Members of the Institute. 189
XXIII. Officers of the Institute. 204

The following resolutions were adopted by the Institute, and ordered to be printed every year with the published proceedings:

Resolved: That the American Institute of Homœopathy does not necessarily endorse the doctrines contained in the reports of committees, by accepting and publishing such reports with the proceedings.

Resolved: That we regard the Homœopathic law as co-extensive with disease, and that a resort to any other medicinal means than those pointed out by the law, *similia similibus*, is the result, in part, of the incompletness of our Materia Medica, but mainly the result of a want of sufficient knowledge on the part of the physician of those remedies already possessed by our school, and not an insufficiency of the Homœopathic law.

PROCEEDINGS

OF THE

SEVENTEENTH ANNUAL MEETING

OF THE

AMERICAN INSTITUTE OF HOMŒOPATHY,

HELD IN PHILADELPHIA, JUNE 6th, 1860.

FIRST DAY.

The AMERICAN INSTITUTE OF HOMŒOPATHY commenced its Seventeenth Annual Session at Philadelphia, June 6th, 1860.

The members assembled at the Homœopathic College in Filbert Street, and in the absence of the Secretaries, were called to order by Dr. P. P. WELLS, of Brooklyn, N. Y.

Dr. WILLIAM E. PAYNE, of Bath, Me., was elected chairman *pro tem.*

The Roll of Members was called and corrections made therein.

The election of Officers being in order, Drs. J. R. COXE, Jr., C. H. SKIFF and W. WILLIAMSON were appointed Tellers, and the following gentlemen were unanimously elected:—

CHAIRMAN:

E. C. WITHERILL, M. D., CINCINNATI, Ohio.

GENERAL SECRETARY:

JACOB BEAKLEY, M. D., NEW YORK.

PROVISIONAL SECRETARY:

HENRY M. SMITH, M.D., NEW YORK.

TREASURER:

C. H. SKIFF, M.D., BROOKLYN, N.Y.

BOARD OF CENSORS:

(To examine the Credentials of Candidates for Membership.

S. R. BECKWITH, M.D., Cleveland Ohio,
J. R. PIPER, M.D., Washington, D.C.,
J. D. MIDDLETON, M.D., Baltimore, Md.,
L. DODGE, M.D., Buffalo, N.Y.,
G. D. BEEBE, M.D., Chicago, Ill.

The Chair appointed the following:—

COMMITTEE TO AUDIT THE TREASURER'S ACCOUNT:

J. P. DAKE, M.D., Pittsburgh, Pa.,
I. M. WARD, M.D., Newark, N.J.,
J. R. COXE, Jr., M.D., Philadelphia,
W. E. PAYNE, M.D., Bath, Me.,
S. M. CATE, M.D., Salem, Mass.

Dr. C. H. SKIFF presented the Treasurer's Report, showing a balance in the treasury of $126.21, which was referred to the Auditing Committee.

Dr. D. M. DAKE presented his report on *Medical Education*, which was laid on the table for future consideration.

Dr. W. E. PAYNE presented the report of the *Central Bureau on the Materia Medica*, composed of Drs. B. F. Joslin, W. E. Payne, E. Bayard, M. J. Rhees, C. J. Hempel. Dr. Payne had made some provings of *Glonoine;* Drs. Joslin and Bayard, *Inula helenium;* Dr. Hempel, *Senaria canadensis*, and Dr. C. Wright, *Rumex crispus*.

On motion of Dr. P. P. WELLS, the report was referred to committee on publication. Dr. Wells informed the Institute that a very full proving of Glonoine was published in a work on American Provings by Dr. Hering, which had

never been translated into English, but which he hoped would be, as it contained a fund of valuable information.

Dr. LUDLAM's report on *Stomatitis Materna* was received and laid over for future consideration.

Dr. N. H. WARNER as committee on *Bi-carbonate of Potassa, Tartrate of Potassa, and Carbonate of Soda as Articles of Diet*, had not been able to finish his report, and another year was granted him.

Dr. H. D. PAINE not having had sufficient time to report on *Diphtheria*, was continued as the committee on that subject.

Dr. T. W. DONOVAN was discontinued as the committee on *Intermittent Fever*.

Dr. W. A. REED committee on the *Determination of Medical Truths*, was given more time.

Dr. S. M. CATE, committee on *Pareira brava*, reported verbally, that attention had been given to the subject assigned at the last meeting. An effort was made to procure a proving. The tinct. was taken by himself, commencing with ten drops twice a-day, which was followed for six days, then the quantity was gradually increased till one ounce was taken at at a dose. The symptoms observed were so slight and indefinate as to be of no value. Something like a month after, he began to gain in flesh, and during the six months following gained twenty-five pounds. Whether the medicine had any thing to do with this result, he is unable to say. Another person took the tinct. for some time, with no other effect than to cure a chronic ringing in the head, and smarting and dryness of the eyes.

Not having succeeded in obtaining a proving as he supposed he should, he had not written out a report as he would have done if such a proving could have been obtained.

He has used Pareira brava the last two years in some chronic diseases of the kidneys and their consequences, with satisfactory results. In three cases, where the urine had a thick muco-purulent deposit, that would settle in the bottom

of the vessel in considerable quantities, the effect was decided, amounting to nearly or quite a permanent cure. In one of these cases there was considerable swelling of one foot and ankle, that disappeared as the kidneys got well. It has also done good service in three cases of incipient Amaurosis. In these three cases, he considered the difficulty of vision to arise from the deposit of something about the optic nerve that should have been eliminated from the blood by the kidneys. The improvement was prompt, and as far as he knew, lasting. He considers it of some use in Diabetes simplex, and perhaps in Diabetes mellitus; he has used the tincture, two drops a day, in solution, in two or four parts of water. Painless nodosities of the finger joints, not rheumatic, were cured in two cases; and one case of rheumatic-gout, with deposits outside the capsular ligament of the knee, received great benefit from the use of this remedy.

Dr. I. T. Talbot, to whom had been referred the subject *Auscultation and Percussion and their Therapeutic relations*, had not been able to furnish his report and asked more time. Granted.

Dr. S. S. Guy, committe on the subject of *Anæsthesia in Midwifery*, was released from further consideration of the subject.

Dr. G. W. Swazey, to whom was referred the subject of *Medical Dynamics*, not reporting, was discontinued as committee.

Dr. J. A. Tarbell, not reporting on *Diseases of the Eye*, was discontinued as such committee.

Dr. R. Gardiner, as committee on *Ulceration of the Mucous Membrane*, desired more time, which was granted.

Dr. D. Holt, committee on *The Relation of Pathology to Therapeutics*, wished for an extension of time. Granted.

Dr. W. H. Watson, committee on *Phthisis Pulmonalis*, not reporting, was discontinued.

Dr. T. W. Donovan, not reporting on *Diabetes*, was discontinued as the committee.

Dr. I. M. Ward was continued as committee *On Mechanical Supports in the Treatment of Diseases.*

Dr. G. E. Shipman, not reporting on *Parasites in connection with Disease*, and desiring more time, was continued as such committee.

Dr. S. R. Beckwith, Chairman of the Board of Censors, reported the names of those physicians whose credentials they had examined and found correct. Whereupon the following were duly elected members of the Institute:—

Henry Ahlborn, M.D., Marblehead, Mass.
James T. Alley, M.D., New York City.
F. S. Bradford, M.D., Charleston, S. C.
Silas S. Brooks, M.D., Philadelphia.
John Brown, M.D., Lynn, Mass.
Samuel Brown, M.D, Philadelphia.
William Brown, M.D., Philadelphia.
Charles S. Buckner, M.D., Baltimore, Md.
J. B. L. Clay, M.D., Mooreston, N. J.
J. F. Cushing, M.D., Covington, Ky.
J. W. Dake, M.D., Warsaw, N. Y.
Carroll Dunham, M.D., Newburgh, N. Y.
John W. Fox, M.D., Covington, Ky.
William E. Freeman, M.D., Wilmington, N. C.
Owen B. Gause, M.D., Trenton, N. J.
J. R. Hamilton, M.D., Skowhegan, Wis.
William C. Harbison, Philadelphia.
William H. Holcombe, M.D., Waterproof, La.
I. D. Johnson, M.D., Kennett Square, Pa.
J. R. Lee, M.D., Philadelphia.
Robert J. McClatchey, M.D., Philadelphia.
George J. McLeod, M.D., Philadelphia.
John Malin, M.D., Philadelphia.
Joseph Moore, M.D., Bridgeton, N. J.
Thomas Moore, M.D., Philadelphia.
Charles Morrill, M.D., Norwalk, Ohio.
James H. Payne, M.D., Bangor, Me.

EDWARD READING, M.D., Hatboro, Pa.
EDWARD J. RECORD, M.D., Wordbury, N. J.
JACOB REED, JR., M.D., Philadelphia.
CHARLES M. SAMSON, M.D., Brooklyn, N. Y.
JOHN C. SANDERS, M.D., Cleveland, Ohio.
JAMES L. SCOTT, M.D., Philadelphia.
HENRY M. SMITH, M.D., New York City.
J. W. SMITH, JR., M.D., Brooklyn, N. Y.
THOS. FRANKLIN SMITH, M.D., New York City.
GEORGE R. STARKEY, M.D., Philadelphia.
JACOB S. STEHMAN, M.D., Lancaster, Pa.
WILLIAM STILES, M.D., Philadelphia.
E. B. THOMAS, M.D., Cincinnati, Ohio.
DANIEL M. TINDALL, M.D., Philadelphia.
CHARLES E. TOOTHAKER, M.D., Philadelphia.
DAVID S. TRITES, M.D., Philadelphia.
GEORGE S. TERRILL, M.D., Cleveland, Ohio.
THEODORE C. WHITE, M.D., Detroit, Mich.
O. C. WOOD, M.D., Phœnixville, Pa.
ANTHONY H. WORTHINGTON, M.D.,

The Institute then took a recess till Four o'clock, p.m.

AFTERNOON SESSION.

On re-assembling at Four o'clock, p.m., the election of provisional Secretary being declared in order, the Institute proceeded to ballot and elected HENRY M. SMITH, M.D., of New York City.

Dr. J. P. DAKE, Chairman of the committee to audit the Treasurer's Account, reported that they had done so and found it correct. The report was accepted and the committee discharged.

Dr. M. J. RHEES sent a communication stating that he had been unable to make any provings of *Chimaphila umbellata*.

He had the article and would furnish it to members for proving.

Dr. F. R. McManus moved that the paper be received and placed on file. Carried.

Dr. W. Williamson, committee on *Medical Ethics*, presented an interesting report, which was received and laid on the table for future action.

Dr. Henry M. Smith presented an article from Dr. B. F. Joslin, of New York, on *Apis in Albuminuria;* which on motion of Dr. McManus, was laid on the table for future consideration.

Dr. D. M. Dake presented his report on *Medical Education.* On motion, referred to the publishing committee.

Drs. C. Hering, P. P. Wells, J. P. Dake were appointed by the chair, a committee to nominate committees on scientific subjects.

The Institute adjourned, to meet at Eight o'clock to hear the annual address, and to meet at Ten o'clock on the following morning in its business capacity.

Evening Session.

The members of the Institute and their friends assembled at Concert Hall, to hear the address of Dr. McManus, of Baltimore.

The hall was filled by an appreciative audience, who frequently manifested their approval by hearty applause. At the close of the address a vote of thanks were tendered the orator and a copy asked for publication.

SECOND DAY.

Morning Session.

The Institute met according to adjournment. The Chairman Dr. Witherill, called the meeting to order at Ten o'clock.

Drs P. P. Wells and W. E Payne were appointed a committee to select the time and place for holding the next annual meeting.

A Report from the Homœopathic Medical Society of Chester County, Pa., was read and ordered on file.

Dr. E. J. Record moved that the publishing committee be directed to print extra copies of Dr. McManus' Address, the number not to exceed 5000, and to be furnished to the members together with the proceedings. Carried.

A Report of the Homœopathic Medical Society of Philadelphia was presented and ordered on file.

The Sixth Annual Report of the Central Homœopathic Dispensary of New York was received and ordered on file.

The Annual Report of The Northern Home for Friendless Children, Philadelphia, was received.

A communication was received from Dr. H. D. Paine, of Albany, N. Y., relative to furnishing a complete set of the Proceedings of the Institute to the Smithsonian Institute; he having been directed, at the last meeting of the Institute, to procure a set. Thus far he has been unsuccessful. The later volumes of the proceedings, only, having been preserved among the archives of the Institute, a complete set is not to had. The communication was ordered on file.

Dr. H. D. Paine forwarded the following:—

Resolved, That a committee be appointed to prepare appropriate commemorative notices of such members of the Institute as have died during the past year, and that their report be incorporated with the published proceedings of the Institute.

This resolution was adopted and Dr. H. D. Paine appointed the committee.

Dr. H. D. PAINE communicated the following:—

Resolved, That any member neglecting or refusing the payment of his annual dues for ——— years, shall be considered to have forfeited his membership; and if, after being notified of his indebtedness by the secretary or treasurer, he shall still neglect to pay, his name shall be omitted from the published list of members.

On motion of Dr. P. P. WELLS the communication was laid on the table.

Dr. B. FINCKE read an article on *Homœopathic Notation*, which was referred to the publishing committee.

A Report of the Medical Board of the HOMŒOPATHIC DISPENSARY OF THE SOUTH-EASTERN PORTION OF PHILADELPHIA was received and ordered on file.

The committe appointed to select the place and time for the next Annual Meeting of the Institute, recommended holding it in Cincinnati, on the first Wednesday in June, 1861. The recommendation was adopted.

Dr. L. M. KENYON read a paper on *Gelseminum*, which on motion of Dr. G. D. BEEBE, was referred to the publishing committee with instructions to print.

On motion of Dr. P. P. WELLS, Dr. W. E. PAYNE was requested to state his experience with this drug.

Dr. W. E. PAYNE said the paper of Dr. Kenyon, just now read, was highly interesting to him, inasmuch as it was a clinical confirmation of the pathogenetic power of the *Gelseminum* upon the organs of vision, as exhibited in his own proving of that drug. He had no doubt the *Gelseminum* would prove to be one of the most valuable agents in the treatment of affections of the eye, especially in those forms called *amaurosis* and *amblyopia*. In his own case, the effect upon the head and organs of vision was very remarkable, and, indeed, so powerfully did it effect the sight, he was obliged to discontinue the proving. A full and crowded sensation in the head, with dizziness and blurred vision, were the more prominent effects upon himself; but the dimness of sight was of the

most constant occurrence and most persistent. The face, also, was flushed and hot, and pulse accelerated. These symptoms led him to the conclusion that the *Gelseminum* would prove homœopathic to some forms of *amaurosis*; hence in the remarks appended to his short proving, as published in THE AMERICAN HOMŒOPATHIC REVIEW, he suggested the homœopathicity of the drug to this disease.

He thought every prover should endeavor to fix upon the more prominent features, or characteristics, of the drug on trial, and point them out; indicating them by some general remarks or symbols, so as to fix the attention, as no one could see them so clearly as he who was under its influence.

His own clinical experience led him to believe, that the *Gelseminum* would play an important part in the treatment of some forms of fever, especially those resulting from sudden atmospheric changes, or rather those following a sudden check of the perspiratory process. Something like the following combination of symptoms he thought would pretty clearly indicate the sphere of this drug in fevers resulting from checked perspiration:—Soreness of the throat; irritation of the nasal passages; painful cough; cerebral head-ache, with a full crowded sensation; heat of face, with injected conjunctiva; pain in back and limbs, with soreness of muscles; chills, increased by movement; skin dry and hot to feel; restlessness; pulse accelerated, full and bounding; thirst and sleeplessness. A drenching perspiration would often follow a dose or two of the third or twelfth attenuation of the *Gelseminum* with long continued sleep, from which the patient would usually arouse relieved from all his sufferings, except a feeling of prostration. Such, at least, had been his experience in several cases.

On motion of Dr. P. P. WELLS, Dr. J. R. COXE, JR., related his experience.

Dr. J. R. COXE, Jr. remarked that—November 12th, 1859. J. R. Coxe, Jr., aged sixty years, took at 8, a.m., five drops of *Gelseminum sempervirens, tinct.*

November 13th. Five drops at 8, a.m., and 10, p.m.
14th. Six drops at 8, a.m., and 10, p.m.
15th. Seven drops at 8, a.m., and 10, p.m.

At 4, p.m., of the 13th, a sharp cutting pain in the left side, lasting four or five minutes and compelling him to hold his breath, very similar to a pleuritic stitch.

On the 14th, at 9, a.m., head seemed larger than natural and eyes very painful. At 3, p.m., head very full; pulse 86 (natural 74); aching pains all over, especially severe in the neck and head. On the 15th, at 7, a.m., when rising great confusion in the sight; vision very dim, compelling him to rub the eye; head very full and painful; face quite hot and flushed. The confusion in the sight continued more or less during the 15th, 16th and 17th, when it disappeared. Objects appeared double, and while shaving he cut himself in two or three places, a thing which had never before occurred. The painful feelings in the head and eyes were so severe, he was compelled to stop proving. Since then he has proved the third and fourth decimal dilutions, and has experienced the same symptoms, only not so severe. He could observe no effect on the urinary apparatus, except a trifling increase in the quantity of urine; and under the influence of the third decimal dilution, he had a slight chill followed by some fever, and the pulse rose to 80. This continued for two or three days. Nearly all the symptoms of the head and eyes were experienced very soon, in fifteen or twenty minutes, while the other symptoms were longer in appearing. The pain in the head was mostly in the sinciput and left temple, occasionally very severe in vertex. During the whole proving, appetite was very deficient, and at times there was a severe pain in the back, similar to lumbago, not lasting more than thirty or forty minutes, and followed by a sensation of heat in the lumbar region. He had, after the fever produced by the third decimal, a rather profuse general perspiration for an hour, followed by a strong desire to sleep. The general symptoms were—irritability, confusion of head, weakness, and flying pains throughout the body.

In several cases of amblyophia, he had succeeded with *Gelseminum* in curing the patient. In one case there was perfect amaurosis of the left eye; and the other had the following symptoms, which were radically cured in six weeks by Gels. third and sixth decimal, three, two and one dose per diem :—

Great pain in the forehead and temples; vertigo; weakness and dimness of sight; more pain when looking at objects at a distance; sparks and muscæ volitantes before the eyes; confusion of ideas;* pupil now enlarged—again diminished. The other cases were very similar and all three were cured in four to eight weeks.

He had tried the Gels. in Gonorrhœa but had no success, for after a few days the patients, whom he had given five drops of tinct. thrice per *diem*, refused to take any more, saying it made them nearly blind. He tried Gels, third decimal, in ten, fifteen and twenty drop doses, three and four times per day, but with no success, and in all these cases the head and eyes were complained of.

He had no doubt that in some cases of Febris Intermittens the Gels. will prove very valuable. It is his intention, so soon as he has finished the proving of *Polygonum punctatum*, to resume the proving of Gels. in the dilutions, beginning with the thirtieth, and going down to the third centesimal, as he considers such provings far more reliable than those with the tincture, since the latter only produce the toxicological effects, which we, as Homœopathists, will seldom see in any of our patients afflicted with diseases. for which Gels. is specific. While the symptoms produced by the dilutions will be of very great value to each, and to all.

Dr. R. Ludlam's report on *Stomatitis Materna* was received and referred to the publishing committee.

Dr. Williamson's article on *Ethics* was ordered to be printed with the proceedings.

Dr. J. P. Dake, from the "Committee on Scientific Sub-

jects," made a report, which was accepted. The following were then appointed

COMMITTEES ON SCIENTIFIC SUBJECTS:

Whooping Cough,—C. NEIDHARD, M.D., Philadelphia.

Tabes Mesenterica,—R. LUDLAM, M.D., Chicago, Ill.

Uterine Hæmorrhage,—P. P. WELLS, M.D., Brooklyn, N.Y

Characteristic Symptoms of Medicine,—C. HERING, M.D., Philadelphia.

Intermittent Fever, Its Homœopathic Treatment,—W. WILLIAMSON, M.D., Philadelphia.

Homœopathic Repertories,—CARROLL DUNHAM, M.D., Newburgh, N. Y.

Diabetes,—W. E. PAYNE, Bath, Me.

Homœopathic Notation,—B. FINCKE, M.D., Brooklyn, N. Y.

On Bi-Carbonate of Potassa, Tartrate of Potassa, and Carbonate of Soda as Articles of Diet,—N. H. WARNER, M.D., Buffalo, N. Y.

Diphtheria,—H. D. PAINE, Albany, N. Y.

Determination of Medical Truths,—W. A. REED, M.D., Philadelphia.

Pareira Brava,—S. M. CATE, M.D, Salem, Mass.

Auscultation and Percussion and their Therapeutic Relations —I. T. TALBOT, M.D., Boston.

Ulceration of the Mucous Membrane,—R. GARDINER, M.D., Philadelphia.

Relations of Pathology to Therapeutics,—D. HOLT, M.D., Lowell, Mass.

Parasites in Disease,—G. E. SHIPMAN, M.D., Chicago, Ill.

Xanthoxylon, or the Prickly Ash,—L. M. KENYON, M.D., Buffalo, N. Y.

Uses of the Microscope,—S. R. BECKWITH, M.D., Cleveland, Ohio.

Dr. P. P. Wells related Bœnninghausen's mode of treating croup, by which he has cured more than 300 cases of membranous croup inside of two hours, as follows :—

Dr. B. prepares five powders, to be given in the order of their numbers, dry on the tongue at intervals of half an hour; the remedies being, 1 Aconite, 2 and 4 Hepar sulph., 3 and 5 Spongia, all of the two hundredth potency; the administration to be suspended as soon as relief is manifest. In these 300 cases there were not ten which required the five powders for their cure.

Dr. Geary had generally been successful with Aconite, Hepar sulph. and Spongia. He used the low dilutions; tincture to the sixth.

Dr. F. R. McManus related a case not cured by homœopathic remedies; a table-spoonful of lamp oil had been administered and produced a good result, entirely relieving the child.

Dr. S. Gregg said he had had some experience in the treatment of croup, and he very much doubted that membranous croup could be cured in that space of time by any treatment. For no homœpathic remedies would remove the mechanical obstruction that accumulates in all those severe and neglected cases. He had seen many cases get well where the diphtheritic exudations could be seen upon the glottis, epiglottis, pharynx and tonsils; yet, all such cases were very much to be dreaded. But he had much satisfaction in being able to say, that in the course of twenty-two years practice with homœopathic medicines, he had treated many hundred cases of croup, and that he had not lost a patient, when he had seen the case, within thirty-six hours after the first sharp, shrill, croupy cough was noticed.

His usual treatment, in all such cases, was to give Hepar sulph., Bromine and Aconite in that order of succession, at intervals of sixty, thirty, twenty, or even fifteen minutes, according to the urgency of indication and the effect of the remedies. In most cases, the third decimal attenuation of these remedies had been used. He had witnessed good

effects, in some desperate cases, from the first attenuation of Bromate and Bi-Carbonate of Potash, Tinct. Cantharis and first trituration of Hepar and Phosphorus. He had not used Spongia at all for many years, being better satisfied with the effect of Bromine. In all cases attended with imflammatory congestion, he applies cold water embrocations upon the throat and chest. In those cases of sudden attack of Spasmodic or Asthmatic Croup, he has relied, with entire satisfaction, upon the administration of Hepar sulph., Allium cep., Ipecacuanha and Aconite, and has usually found some one of the above remedies all that were necessary.

The early symptoms, in the most troublesome cases of croup, are generally first noticed in the night. The patient is restless and coughs once or twice, perhaps, without waking, the cough having that peculiar shrill sound, which is never mistaken by one who has witnessed the progress of a continued severe case. The little patient sleeps on, not otherwise troubled, and, perhaps, during the next day, remains comfortable and playful. But if it happens to cough in the day, the same souud of the cough will be noticed; but, otherwise, the child will appear perfectly well and go to sleep the second night the same as usual, in good health. Then, after the first nap, it may be for half an hour or it may be for three hours, the patient wakes with the cough and oppression for breath, more or less severe. Where the oppression is not alarming, or the attendants have not been accustomed to the insidious character of the disease, it may be neglected still longer. All such cases will be severe, and a favorable prognosis cannot be given. For if relief is not given by arresting the progress of the disease within the next twenty-four hours after the second attack of cough, the patient's chance to live is very small, whatever the treatment may be. As the danger from asphyxia is increased when the membrane is becoming detached, tracheotomy should not be neglected in children three and a half or four years of age or upward; in younger subjets it will not avail.

Dr. D. M. Dake enquired if the lower dilutions had been employed.

Dr. Wells replied that they had, but without success.

Dr. S. R. Beckwith gave his theory of croup. He used the Sulphate of Mercury, and at times believed in the probang and Nitrate of Silver.

Dr. Jacob Jeanes believed membranous croup was a distinct disease from other kinds. He approved of Aconite, Hepar and Spongia, and used also Tartar emet. and other remedies. He approves of the method spoken of by Dr. Wells. Had used Sanguinaria in diphtheritic exudations; thought we should be cautious in giving Iodides of Mercury.

Dr. W. Williamson spoke of the superiority of Bromine in the treatment of membranous croup, and of the importance of Aconite, Tartar emetic, Spongia and Ipecacuanha; thought the specific action of Aconite was oftener seen in that variety known as spasmodic croup. Had seen remarkable effects from its use, in such cases, in the thirtieth attenuation; does not believe in Hepar in the acute stage of spasmodic or membranous croup.

In the incipient stage of diphtheria, had had good success with Antimonium crudum and Mercurius vivus; did not have much confidence in Iodide of Mercury. In a more advanced stage of the disease, Rhus possesses a striking similarity of symptoms and is a very important remedy.

Adjourned to meet at Four o'clock, p.m.

Afternoon Session.

On re-assembling at Four o'clock, p.m., the Chairman announced the appointment of Dr. W. W. Rodman, of New Haven, to deliver the next Annual Address, and Dr. P. P. Wells, of Brooklyn as alternate.

On motion of Dr. J. P. DAKE, Drs. B. F. Joslin, E. E. MARCY and JACOB BEAKLEY, were continued as the committee for publishing articles in *The American Homœopathic Review*, in accordance with a resolution to that effect adopted, June 2nd, 1859.

The following gentlemen were re-appointed as *The Central Bureau for the Augmentation and Improvement of the Materia Medica*:—

B. F. JOSLIN, M.D., Chairman, New York.
W. E. PAYNE, M.D., Bath, Me.
M. J. RHEES, M.D., Mount Holly, N. J.
E. BAYARD, M.D., New York.
C. J. HEMPEL, M.D., Philadelphia.

The following were appointed the *Committee on Clinical Experience*:—

W. WILLIAMSON, M.D., Philadelphia,
S. GREGG, M.D., Boston,
F. R. MCMANUS, M.D., Baltimore.

Dr. J. P. DAKE offered the following Declaration of Principles:—

Resolved, That we adopt and order to be printed annually in our Journal of Proceedings, the following brief Declaration of Principles;—

I. That the law of cure, discovered by Hahnemann and set forth in the terms *Similia Similibus Curantur*, is universal in its control of medicinal means.*

II. That the law, thus set forth, requires a Materia Medica such as can be supplied only by the proving of those means upon persons in health.

III. That the nature of all pathogenetic means and especially their homœopathic relationship to particular diseases, requires the employment of the least doses that experience proves to be efficiently curative, and never can allow such as might prove destructive of life.

---

* The term *medicinal* being used for all curative means which are not *chemical*, *mechanical* or *hygienic*.

IV. That the Homœopathic Law requires all medicines to be used singly and not in combination one with the other.

V. That the system of practice founded upon the Homœopathic Law, not only allows but calls for the cultivation of all those branches of science which can be tributary to the art of healing.

Discussed by Drs. J. R. Coxe, Jr., Beakley, Geary, Cate, Beckwith, Beebe, Payne, McManus and J. P. Dake.

On motion of Dr. F. R. McManus, the resolutions were laid on the table.

Dr. P. P. Wells presented an article on *The Dose in Drug Proving*, by Carroll Dunham, M.D., which was laid on the table for future consideration.

The meeting adjourned to meet at 7.30, p.m.

Evening Session.

The following were appointed *Committee of Arrangements for the next Annual Meeting :—*

Drs. E. C. Witherill, J. H. Pulte, E. B. Thomas, A. Bauer, F. Ehrmann.

The First Annual Report of the Homœopathic Infirmary of Philadelphia was received and ordered on file.

The Sixth Annual Report of the American Provers' Union was received and ordered on file.

Dr. G. D. Beebe announced the formation of the Hahnemann Medical College in Chicago.

Dr. C. Hering presented a paper on *Diphtheria.* Referred to publishing committee with instructions to print.

On motion of Dr. G. D. Beebe, Dr. Dunham's paper was taken from the table and referred to the publishing committee.

Dr. S. M. Cate offered the following:—

Resolved, That we regard the Homœopathic Law as co-extensive with disease, and that a resort to any other *medical* means than those pointed out by the law *Similia Similibus Curantur*, is the result, in part, of the incompleteness of our *Materia Medica*, in part, of a want of sufficient knowledge on the part of the physician, of those remedies already possessed by our school, and not from any insufficiency of the Homœopathic Law. Adopted.

Dr. W. A. Reed presented a design for a diploma, which was adopted.

On motion of Dr. J. P. Dake, the committee was continued.

On motion of Dr. S. Gregg, it was ordered to have 400 copies printed from copper plate.

Dr. P. P. Wells moved that all bills incurred in procuring the diploma be paid. Carried.

Dr. L. Dodge moved that all members, who are not in arrears, be furnished with a diploma upon paying fifty cents. Carried.

Dr. S. Gregg moved the adoption of the following amendment of article four of the constitution, as noticed by Dr. W. E. Payne at the meeting of the Institute in June, 1858.

The officers of the Institute shall be a President, a Vice-President, a General Secretary, a Provisional Secretary and a Treasurer, with such other officers as shall be designated by the by-laws, to be chosen at such time, and in such a manner, and for such a period, and with such duties as those by-laws shall ordain.

The amendment was carried.

Dr. W. A. Reed moved, that on the afternoon of the second day the Institute proceed to the election of officers for the meeting. Motion indefinitely postponed.

Dr. J. P. Dake moved that the name of President be substituted for Chairman. Carried.

Dr. W. A. Reed moved that the Secretary be instructed to have diplomas filled out in uniform style. Carried.

The Secretaries and Treasurer were appointed the committee to publish the proceedings.

Votes of thanks were tendered to the officers for their services; to the daily papers for their correct reports of the proceedings; to the Managers of the Homœopathic College for the use of the room for holding the meeting; to Drs. R. Gardiner and W. Williamson for their kind entertainments; and to the Railroad Companies for their reduction in fare to the members of the Institute.

Adjourned to meet in Cincinnati on the first Wednesday in June, 1860.

Jacob Beakley, M.D., General Secretary.

II.

AN ADDRESS

DELIVERED AT THE

SEVENTEENTH ANNUAL MEETING OF THE AMERICAN INSTITUTE OF HOMŒOPATHY, HELD IN THE CITY OF PHILADELPHIA, JUNE 6TH, 1860,

BY F. R. McMANUS, M. D.,

OF BALTIMORE, MD.

In the cause of science and of humanity, my colleagues, we meet again, and, in a feeling of deep gratitude to God, I first thank Him for the bounty He has vouchsafed to us, in permitting us to assemble, in annual session, for the seventeenth time; and, secondly, I congratulate you, individually and collectively, upon the privilege thus conferred upon us. I am happy to see among you, those who have been made familiar by our annual meetings, and me-thinks I can perceive in your countenances, animated as they are with zeal, and brightened by hope, that it is a mutual pleasure to be thus again united in the cause and for the advancement of our beloved science—Homœopathy.

The very name of Homœopathy is sufficient to arouse in our nature an enthusiasm—a love—which no other name of earth can inspire. Many of us have been, for nearly a quarter of a century, united under its banners, diffusing its health-giving comforts to the sick and the afflicted. We can recollect well the opposition and obloquy we encountered, in years gone by, from the ignorant, the interested and the malevolent;

and, we can recollect, too, how often we felt the almost utter impossibilty of being able o contend against forces so superior in nnmber, so protected by custom, and so free to resort to the lowest means of warfare; to misrepresentations the most nu-just, and opposition the most unnatural and intolerant. We can recollect when our adversaries covertly conferred upon us the epithets of ignoramus, fool, knave; when our pretended friends were secretly proving themselves to be our worst and strongest enemies; and when we were expelled from medical societies, and deprived of the common courtesies to which our education and diplomas entitled us; nay, even more, of all professional and social intercourse, because we had superadded to our stock of knowledge the study and practice of Homœopathy. Have we not observed too, when our science was in its infancy, that the friend and patron of Homœopathy would go behind a door to take a powder, rather than to be seen by or receive the ridicule and sneers of the jester? Yes, all this we we have witnessed; nevertheless, with an independence and a firmness almost without a parallel, we have gone forward confiding in the sublime truth of Homœopathy and in the justice of our cause, acknowledging no criterion but success, and we have lived to see that which was once a small seed acquire the growth and size of a magnificent tree, under whose protecting influence the afflicted have been comforted, the weak strengthened, and the sick cured. We have have lived to behold it extending over the habitable globe, from ocean to ocean, and from pole to pole, and to see its advocates and admirers increase by thousands. What a change! We may well congratulate each other that we have outlived our early trials, and that we have reached the period when many who had opposed, have united with us in the cause of truth; and, when even our greatest opponents look upon us, with an eye of jealousy and envy, rather than of pity and contempt.

As we are honored, on the occasion of our annual address, by an audience which is not exclusively a professional one, I will offer this evening, as appropriate, a few remarks upon

the principles of Homœopathy. My explanations will no doubt be tedious to those who are already acquainted with the subject, but they may not be useless or unacceptable to the many who have not had an opportunity of learning what those principles are, which have received so much ridicule and gross misrepresentation.

There is no subject of more importance to the community, in a temporal point of view, than that of the medical treatment of the sick. It is a matter in which all are interested; no age, sex or condition being exempted from the ravages of disease. The solemn fact is before us that each individual has but one natural life, which, once extinct, the whole world, with all its philosophy and power, cannot recall. What, then, can be considered of greater temporal concern than the means by which that life is to be, through the providence of God, preserved?

From the earliest periods of the world, diseases have been combated by a class of substances called medicines; and medicines, in the general, in certain proportions, are known to be destructive of the very life, which, in other proportions, they are used to preserve. It is an easy thing to understand, then, how an improper use of those substances would prove destructive instead of preservative, and how life could be thus destroyed by even those whose great desire would be to save it. It is to the genius of Samuel Hahnemann and his exhaustless industry, that the world is indebted for a process by which medicines, the most poisonous, have been deprived of their *destructive* properties, and yet retain their curative *powers;* and, when I say this of him, it at once erects to the perpetuation of his memory a monument, which no other human being, who ever preceded him, had a claim to, and which has won for him an admiration and a gratitude which will not be confined to this generation, but will be accorded to him by millions yet unborn. He has originated a system of medical practice whose beauty is to be found in its simplicity, and whose value is to be found in its safety; for simplicity and safety are its distinguishing characteristics. Ha d

he a right to this? Why not? Was it not his duty to make use of the intelligence, the genius, the intuitiveness with which God had endowed him, in a superlative degree, to use those qualifications of his mind in ameliorating the condition of diseased and suffering humanity? Certainly it was; and he possessed an amount of independence and industry commensurate with his mental endowments. He was the man for the age, and he was the man, as the instrument of God, for the great work which he lived to accomplish. Was he competent for such a task? It is not my intention to attempt, in the short time of an ordinary address, to give you his biography, nor will I give to you my views of the powers of his intellect. I will state here, however, the opinions of a few of his opponents in practice, with the names and reputation of two of them, most of you are acquainted, standing, a they do, high in the scale of professional and literary fame in our own country, I allude to Professors Valentine Mott and James McNaughton. I extract them from the first number of the first volume of "The Homœopathic Examiner," published in the City of New York, January, 1840, now twenty years ago, and edited by our late beloved and distinguished colleague, A. Gerald Hull, M.D. Giving the opinions of eminent allopathists, we find the following under the head of *America*—

"Valentine Mott, justly the pride of American Surgery, imbued with the becoming liberality of an unprejudiced and noble mind, visited Hahnemann during his first sojourn in Europe. Instead of denouncing this venerable philosopher as the conceptionist of a *puerile* and useless theory, he has had the moral courage to speak of the Master Spirit of Modern Medical History in the following language:—"Hahnemann is one of the most accomplished and scientific physicians of the present age."

Professor James McNaughton, of the Western Medical College of the State of New York, and late President of the New York State Medical Society, in his "annual address" before the society, made an avowal of sentiments that were

inspired by the pure spirit of philosophy. The Professor, said, "generally speaking, physicians have at once pronounced the whole subject absurd—a delusion—or, a gross imposition upon public credulity. Now, is this the proper mode of treating it? Is it philosophical to call anything absurd, professing to be founded on observation and experiment? If it be false, it should be proved to be so, by showing that facts do not warrant the premises, or the deductions drawn from them. It is possible that the homœopathic reasoning may be erroneous; it is possible that the medicines may act as specifics, like the vaccine virus, and that the mode of action may be altogether inexplicable in the present state of our knowledge. We are, therefore, more interested in determining the correctness of the alledged facts, than in the theory offered to explain them. Many of these facts are of such a nature as admit of easy examination, and can be readily proved or refuted. Whether Homœopathy be true or not, it is entitled to have its claims fairly investigated. The object of the profession is to ascertain the truth, and if it should turn out that in any disease the homœopathic remedies are more efficacious than those known to the ordinary system, they ought, unquestionably, to be used. It will not do for the members of the profession to wrap themselves up in their dignity, and to call the new system absurd without further enquiry. The history of the profession presents many lamentable instances of the obstinacy with which errors have been clung to, and improvements resisted."

In *Germany*, Hufeland, the venerable patriarch of the Allopathic School, conceded the existence of merit to the system of Hahnemann. "Homœopathy," said he, in his Journal, "seems to me to be particularly valuable in two points of view. First, because it promises to lead the art of healing back to the only true path of quiet observation and experience; and secondly, because it furnishes simplicity in the treatment of disease."

In *France*, Professor Broussais, in his public lectures, advised that impartial trials should be made before Homœo-

pathy was judged or condemned, and concluded his address with words that are honorable to his candour and philantrophy. "Many distinguished persons," said he, "are occupied with it; we cannot reject it without a hearing; we must investigate the truth it contains."

In *Italy*, Breera, who holds a distinguished rank in the Allopathic School, has uttered opinions with fearless liberality. He thus writes in his Journal,—"Homœopathy is decried by some as useless, and by others as strange; and, though it appears to the great majority as ridiculous and extraordinary, it can, nevertheless, not be denied that it has taken its stand in the scientific world. It has its books, its journals, its chairs, its hospitals, clinical lectures, professors, and most respectable communities to hear and to appreciate; even its enemies must receive it in the history of medicine, for its present situation requires it. If Homœopathy proclaims facts and theories, which cannot be reconciled with our present knowledge, this is no sufficient cause, as yet, to despise it, and to rank it among absolute falsities. Woe to the physician who believes that he cannot learn to-morrow what he does not know to-day. Do we not hear daily complaints of the insufficiency of the healing art? And are not these physicians, who honestly suspect the solidity of their knowledge, the most learned, and, in their practice, the most successful? Let us always recollect, that the greatest discoveries have given origin to the most violent controversies. Witness the examples of Harvey, Galileo, Newton, Descartes, &c."

In *England*, Dr. J. G. Millingan, Surgeon to the British Forces, and an allopathic physician of distinction, has offered the following comments on Homœopathy in his "Curiosities of Medical Experience:"—"The mere hopes," said he, "of being able to relieve societies from the curse of constant drugging, should lead us to hail, with gratitude, the Homœopathist's investigations. Despite the absolute persecution that Homœopathy is at present enduring, every reflecting and unprejudiced person must feel convinced that its study and application bid fare to operate an important revolution in

medicine. The introduction of small doses, when compared with the quantities formerly used, is gradually creeping in. The history of medicine affords abundant proof of the acrimony, nay, fury, with which every new doctrine has been impugned and insulted. The same annals will also show that this spirit of intolerence has always been in the *ratio* of the truths that these doctrines tend to bring into light. From the preceding observations, no one can accuse me of having become a blind convert to Homœopathy; but, I can only hope that its present vituperators will follow my example, and examine the matter calmly and dispassionately, ere they proceed to pass a judgment that their vanity may lead them to consider a final sentence. It is possible, nay, more than probable, that physicians cannot find time to commence a new course of studies, for such this investigation must prove. If this is the case, let them frankly avow their utter ignorance of the doctrine, and not denounce, with merciless tyranny, a practice of which they do not possess the slightest knowledge."

Such were the views entertained by these eminent allopathic physicians of Hahnemann and his discoveries,—men who held the highest rank in their several countries, and who have had the independence to lay aside the characteristics of professional proscription,—bigotry and intolerance,—and have accorded to Hahnemann's genius and learning what they richly deserved.

In giving to the world his method of cure, Hahnemann called it Homœopathy, which is made of two Greek words, *homoios* and *pathos*, which signify similar disease or affection. What, then, is Homœopathy? It may be defined thus:—The system of medical practice by which diseases are cured, *with minute doses of medicines*, upon the principle, *Similia Similibus Curantur.* The precise quantity of a dose is not an essential point with Homœopathists; and, hence, you hear of high and low dilutionists; but, the essential point is the *principle of cure*, and you will understand, hereafter, the importance, nay, the absolute necessity, for the exclusive use of minute doses by those physicians who treat diseases upon

that principle. To explain, then, the law of cure—*Similia Similibus Curantur*, it means, simply, that *medicines are given in* SMALL DOSES, *to cure symptoms or diseases in the sick, precisely similar to the symptoms or diseases which the same medicines would produce, in* LARGE DOSES, *upon the healthy.*

I start, here, with the incontrovertible fact, that medicines, in large quantities, have a poisonous or destructive effect, in smaller quantities, a curative one; and this is a very important matter in the subject of my discourse. Is it true? Let us examine the assertion by referring to the action of what is considered a very simple medicine,—Epsom Salts. Give a table-spoonful of it to a man in the best health; does it not disturb the harmony of his system? Let the dose be repeated morning and evening for a week, and at the end of that timehe may be really sick; and, if persisted in, instead of producing, as it at first does, a simple irritation of the mucous membrance, inflammation will ensue, and, perhaps, more fearful consequences. The drug I have selected is not a poisonous one, nor is the dose administered a very large one, nevertheless, its continuance might prove destructive; but, the destructive influence of numerous other drugs, in common use, would be far greater than that of Epsom Salts. I have stated that large doses of medicines have a poisonous or destructive effect,—small doses, a curative one. A very small dose of a medicinal substance produces an effect directly the reverse of that produced by an ordinarily large sized dose of the same medicine. A medicine, then, which will produce purgation (diarrhœa) in a large dose, will produce a reversed action in a very minute dose; and, hence, such a minute dose will cure precisely similar symptoms in a sick man. How? Why, by substituting a condition, created by the medicine, which nature can cure, for the one existing, the result of a morbid cause, which nature could not cure, and restoration is the result. A large dose of Colocynth will produce colic and diarrhœa; a very minute dose will relieve similar symptoms in the sick. A large dose of Opium will obtund the sensibi-

lities,—a small dose will excite them. Mercury will produce, in formidable doses, a species of ulceration; in minute doses, it will cure a similar ulceration, the result of diseased action. This is a fact, so far as regards Mercury, which is a matter of daily observation to allopathic practitioners. They call the effect *alterative*—we ask no more. If their doses are small enough to be curative and not destructive, the cure is, strictly speaking, homœopathic, that is, in accordance with the law *Similia Similibus Curantur.*

In his treatise on Materia Medica, Professor Eberle, who is good allopathic authority, giving the various actions of this medicine, says, "Mercury may prove remediate, first, by producing a new and peculiar excitement in the system, and thereby overcoming the morbid excitement. It is in this way, probably, that Mercury removes disease when *exhibited in such doses as to produce no sensible evacuations or affections of the system.*" "In diarrhœa," he says, "Calomel, judiciously managed, is a remedy of great efficacy. In *minute doses*, (mark this,) it allays morbid intestinal irritation, more readily than any remedy we possess."

It is known to every one that, in large doses, Calomel is purgative, that is, it produces diarhœa; and here we have the testimony of a distinguished professor of the allopathic school to the fact that, in *minute* doses, it allays a similar condition in the sick, the result of "morbid intestinal irritation, more readily than any other remedy." No one, who who is acquainted with the reputation of Prof. Eberle, as an author on Materia Medica and Therapeutics, will question the value of his testimony; and I can offer to you nothing which more strongly corroborates the truth of the homœopathic law of cure than this. It may be said that Prof. Eberle never administered doses as minute as homœopathy prescribes them; this may be true; nevertheless, that does not militate against the law. Homœopathy proclaims that this law holds good, in regard to every other medicinal substance with which we are acquainted, as well as with Mercury, and this is not based upon hypothesis but upon actual experiment and actual

fact. You will have perceived that Homœopathists do not give medicines to produce effects similar to those produced by the large doses of the allopathic school. It would be a great absurdity to suppose that we attempt to produce such mechanical effects upon the human system with minute doses, for, to produce mechanical effects, we should give mechanical doses. and, in a ratio proportionate to the size of such doses, would be the mechanical effects produced. It may be asked, Do homœopathic physicians ever administer medicines in mechanical proportions? Certainly they do. We never attempt to eject the contents of the stomach, to dislodge a poison, with attenuated doses. In cases of this kind, we resort to the ordinary and proper emetics. We also use, when necessary, chemical antidotes to poisons; and, where surgical appliances are necessary, we resort to surgical art. These, however, have nothing to do with our ordinary practice in the treatment of ordinary diseases.

I have explained to you the "law of cure," and I hope satisfactorily; and the subject now to be considered is,—How can minute or infinitesimal does cure the sick? How can they effect the organism? It must be remembered that our doses are given to act upon *diseased* tissues or organs alone; and, in order that they should produce an effect at all, *there must be a susceptibility to their influence caused by disease, otherwise they produce no effect.* If a child, in health, would take a dozen doses of a homœopathic medicine, which are intended to relieve an adult of pleurisy, a dozen such doses, or half that number, might cure the adult of pleurisy; whereas, they would produce no effect upon the child, for the simple reason, that there is no pleurisy in the child, and consequently no susceptibility to the action of the medicine. If a physician will insert a small quantity of Vaccine virus into the arm of an adult, sixty years old, who has not had the small-pox and has never been vaccinated, and, at the same time, insert the same quantity of the virus from the same crust into the arm of a child three months old, who has been vaccinated, he will produce, in the adult, the vaccine disease,

while his vaccination wlll produce no effect upon the child; because, in the latter, there is no susceptibility. The secret of the power of homœopathic medicine is to be found, alone, in its applicability to the disease for which it is administered, not in its poisonous character or in its mechanical proportions, for it has neither. Medicines are deprived of both of these qualities or properties, when prepared for homœopathic use, as I shall hereafter explain to you; and you will understand how every substance, thus prepared, retains its *internal* or *specific* influence, when it will be made apparent to you that Arsenic is not more poisonous than common Salt. This I claim to be one of the distinguishing beauties of our system of medicine.

An incident comes to my recollection which occurred in Baltimore; about twenty-two years ago, the period at which I commenced the practice of Homœopathy. An allopathic physician, a neighbor of mine, who then numbered some three-score years, and who had acquired, deservedly, a large share of professional reputation, found, at one of his visits to a patient, several doses of homœopathic medicine; and, to convince the inmates of the house of the inertness of the medicine, he very deliberately took the several doses, much to the alarm of those present. The good old doctor was, of course, ignorant of the fact that our medicines required the susceptibility hertofore explained; without it, they would produce no action whatever.

In order to properly comprehend why it is that physicians of one school use very minute doses, and those of the other, large ones, it is necessary to understand that there is a difference, in the two schools, in regard to the pathology of diseases, as well as the manner in which they are to be treated. The allopathic physician cures diseases, in the general, by reaching them through the healthy organism and mechanically, hence he must use remedies in mechanical quantities; whereas, the Homœopathist treats the disease portion alone, and reaches that through the medium of the nerves. Let me illustrate. Suppose the disease to be a violent head-ache, the

allopathic physician would prescribe a cathartic as a principal remedy, and thus relieve the head, by creating a diseased condition, temporarily, in the bowels, acting either as a counter-irritant, or, by its depletory influence, or both; and as he acts upon the disease through the healthy portion of the body, his remedies must be necessarily larger. If the disease be pleurisy, and he shoul dconsider bleeding necessary, by far the largest quantity of the blood abstracted comes from the sound or healthy parts of the body, and he is creating a disease of debility, if I may use the expression, in the whole of the healthy organism, while he is relieving the small portion which is diseased; and, thus, his bleeding must be, necessarily large. A man has no more blood in his body at nine o'clock at night, when he is attacked with pleurisy or pneumonia, than he had at nine in the morning, when he was in health. The allopathic physician, regarding his disease as an undue fulness in the blood-vessels, and, that the fulness must be emptied by mechanical means, adopts a practice which is rational with his theory. Our views, however, are different. We attribute all diseases, save, alone, those which result from mechanical injuries or from chemical poisons, to an altered condition of that portion of the nervous system which regulates and controls the action of the diseased organ or organs in health. We consider the nervous system to be the supreme regulator of the animal economy—organic and functional; and disease to be a disturbance or altered action, primarily, in that system. In accordance with this theory, and to be rational with it, we reach the diseased organ through that channel, and, for head-ache, we alter the condition of the nerves regulating that part which allowed it or caused it to ache; and in pleurisy, we alter the condition of the nerves of the pleura which allowed its blood-vessels to become congested and inflammation to ensue; and so we treat the catalogue of diseased organs. This will explain to you how the Homœopathist relieves with small doses, and why he uses them in preference to larger ones. You have heard that his remedies act upon and through the medium of the nerves,

and I will try to give you an idea of the great increase of sensibility an organ has when diseased, in comparison with what it has in health.

In health, the ear can bear the thundering noise of the cannon's roar with impunity; in disease, the buzzing of a fly would be insufferable. In health, the stomach receives ordinary food with comfort; in disease, a tea-spoonful of water, nay, the sight or smell of food may disturb it. In health, the eye can bear the light of mid-day without inconvenience; in disease, the smallest amount of light would be intolerable. And so it is with the other organs of the body in a diseased state. In fact, we cannot estimate, by any possibility, the amount of the increased sensibility in diseased organs, nor can we estimate the smallness of the dose of medicine, if applicable to the disease, which would cure it.

I have endeavored to explain to you how minute doses of medicines cure diseases, and I propose the question—How small may doses be made, or, how much may medicines be attenuated and retain the power to affect the nervous system? I will reply, by saying, (astounding and absurd as the assertion may appear), that the mathematical ingenuity of the world, perhaps, cannot compute it, and I will prove the truth of the assertion by the statement of a few plain facts.

By way of illustration, let us consider that the essential medicinal power of Camphor resides in its odor. You are all acquainted with the odor of this medicinal substance. Let us imagine how many persons could smell of a single grain of Camphor, and that, too, without any appreciable diminution of its weight. The numbers could not be counted; each individual of millions, although blind-folded, would tell it was the odor of Camphor. Let this experiment be tried with Musk, or any similar odoriferous substance, it would be the same; and I think I have already shown that it would puzzle the ingenuity of the mathematical world to compute the smallness of the quantity of odor emitted from one grain of Camphor or Musk, which could convey to millions the difference in the odor of each. This experiment applies to

the nerves of smell. Let us consider the effect upon the nerves of hearing, which would be produced in a densely populated city, by the tolling of a bell, the great attenuation of sound by which countless thousands would be apprised of the hour of the day, whether one, two or three o'clock. To compute the attenuation of sound caused by the vibration which the bell would produce upon the air, would be impossible. I might give may examples of a similar kind, but think it unnecessary, as I must have satisfied you of the truth of my proposition. You will recollect, however, that although I have selected the nerves of smell and of hearing to elucidate my subject, the remaining portion is as sensitve as these, and as susceptible of impressions, each portion having its peculiar office to perform. You cannot recognize with the nerves of smell, the sound of a bell, or, with these of the ear, the odor of a rose. So much for the attenuation of substances, and for the impressibility of the nervous system.

Until within the last few years, the great object of the medical profession was to ascertain how large a dose, of the several medicines could be administered, without proving destructive, and the practitioner who was the most heroic, bore the palm. This is not so much the case now, for, in view of the fact that patients *get well* under the care of Homœopathists, and that they cure *with nothing*, the more sensible members of the profession, instead of drugging as they used to do, recommend, particularly in chronic diseases, exercise in the open air, a visit to the country, a change of climate, strict *hygienic* observances, but *no medicine.* This much has Homœopathy done, in the way of reform, among those who ridicule it.

Considering, with much solicitude, that medicines were destructive, and having discovered that they cured the sick by virtue of the power which they possessed of making the well sick, Hahnemann adopted a plan by which he deprived them of their destructive character, and ascertained, to his satisfaction, how small he could make the doses without depriving them of their curative power. His paramount object

was to cure the sick with as little medicine as possible; and, having ascertained that grain doses produced an effect, he determined to ascertain the power of sub-divisions of a grain. To effect this, he made his first attenuation thus:—The medicine being a solid substance, he triturated one grain, with ninety-nine grains of sugar of milk, for one hour. By this process, each particle of the grain was intimately incorporated with ninety-nine grains of an inert substance, and that which had before the *size of a grain*, had then the extent of a *hundred grains;* and although each grain of this attenuation had only the one hundredth part of the original grain, he found it to possess a curative power. The second attenuation he made by taking a grain of the first and subjecting it to the same process; he found, also, a curative power in a grain of the second attenuation; and so he continued, in preparing succeeding attenuations, until he reached the thirtieth. In a grain of this attenuation he found a decidedly curative power; so much so, that he recommended the thirtieth attenuation or potency as more speedy and more decided in curing acute and chronic diseases than the lower attenuations. His maxim was—"*Ich rede aus erfahrung*"—"I speak from experience;" and he gave to the world nothing as facts, but that which was established and sustained by experiments, nothing was based upon hypothesis. That you may form some idea of the effrontery with which Hahnemann has been misrepresented, I will give here some extracts from a volume, published in this city, by Lindsay and Blackiston, the title of which is —"*Homœopathy; Its tenets and tendencies, theoretical, theological aud therapeutical*, by James Y. Simpson, M. D., Fellow of the Royal Society of Edinburgh, Professor of Midwifery in the University of Edinburgh, Physician to the Queen of Scotland, &c. &c. &c." First American from the third Edinburgh edition. If titles are a guarantee of professional acumen and fame, you will conclude that Professor Simpson has a large claim to such distinction, for he is certainly rich in titles.

In endeavoring to give light to the world in regard to the

homœopathic attenuations, Professor Simpson says, (see pages 62 and 63 of his work,) "The thirtieth dilution, which Hahnemann declares as infallibly the most appropriate dose, *as well for chronic as for acute diseases*, consists of a decillionth of a grain or a decillionth of a drop of a drug, whatever drug that may be which is employed. The human intellect, however, can scarcely appreciate this quantity when expressed either in language or figures. And to obtain some slight idea of the infinitesimal exiguity of dose which is thus contained in the thirtieth dilution, let us take one or two illustrations to help the mind to some distant conception of the medicinal dose thus recommended to be used by him."

"I have already stated," says Professor Simpson (page 24), "that the earth is computed to contain, at the present time, some 900,000,000 human beings, and that if all these 900,000,000 had been called into existence when Adam was created, some 6,000 years ago, and had lived up to the present time, and each of these 900,000,000 individuals had, when first called into existence, begun to swallow, and continued to swallow up to the present hour, without rest or cessation, night and day, a decillionth dose of a grain, such as Hahnemann recommends to be used, these 900,000,000 beings would not yet, during these past 6000 years, have finished one single grain of the medicine. Nay, if each of these 900,000,000 men, now 6000 years old, had swallowed during every moment of their past existence, not a single globule, but *one million* of globules of Hahnemann's thirtieth dilution, they would not yet have finished a single grain, and would not finish it working constantly every second at the same rate for millions of centuries yet to come.

At page 66, of Professor Simpson's book, we find the following:—"Soon after the promulgation of Hahnemann's doctrines, it was suggested that, if the decillionth part of a grain have any efficacy, an ounce of medicine (Epsom Salts) thrown into the Lake of Geneva, would be sufficient to physic all the Calvanists of Switzerland. But more careful systematic calculations," says Professor S., "have shown that this

is stopping infinitely short of the truth, and that the thirtieth homœopathic dilution is, in such a parallel, enormously understated instead of over-stated. In fact, the tenth solution alone would, as Mr. Cap has shown, require for its proper solution a body of water five hundred times greater than the bulk of the Lake of Geneva, or a sea somewhat larger than the Gulf of Venice. To make the eleventh solution, a quantity of water greater than the Mediteranean Sea or the German Ocean would be necessary. The twelfth solution could scarcely be accomplished in a sea extending over the whole surface of the earth, and five hundred fathoms in depth. And if the whole Solar System were buried in an ocean extending in depth from the Sun to Neptune, *it would not form a sufficient fluid medium for adequately dissolving to the thirtieth dilution, a common dose of any of the common medicines of the Homœopathists.*"

At page 73, Professor Simpson says:—"The waters of the collected oceans of the earth are computed to cover an area of about 147,800,000 square miles, and supposing their mean depth to be two miles, their cubic contents would be nearly 300,000,000 cubic miles. But an ocean many, many, many million of times larger, would, as stated in the text, be required to dissolve one single grain down to the thirtieth dilution." "*These computations,*" says Professor S., "*have been kindly revised for me, and authenticated by several of our most distinguished mathamaticians.*"

These extracts will give you some idea of the mode by which allopathic physicians form their opinions in regard to what they call the absurdities of Homœopathy. Professor Simpson's work had reached the third edition in Edinburgh six years ago. It is considered by Allopathists a fair and masterly exponent of "Homœopathy,—its tenets and its tendencies." Those of his own medical faith, who have read it, profess to believe every word and assertion in it, and they are thus enlightened in regard to Hahnemann and his system of practice. Nay, more, they place this work in the hands of the non-professional readers to enlighten them also; this is certainly a verification of "the blind leading the blind."

I venture the assertion that there is not a school-boy, of ten years of age, in the City of Philadelphia, who understands the rule of multiplication, who will not tell you that Professor Simpson's calculations, *practically speaking*, are absurd and ridiculous. You have heard that Hahnemann prepared his first attenuation with one grain of medicine to ninety-nine of sugar of milk; his second, with *one grain from the first* and ninety-nine more of the sugar of milk; and the successive attenuations were all prepared in the same manner. If a fluid medicine was to be attenuated, alcohol was used as a menstruum instead of sugar of milk, and succussion or shaking instead of the process of trituration. Well, how much sugar of milk will it take to make his thirtieth attenuation? If each one requires ninety-nine grains, how much will thirty require? Thirty times ninety-nine of course. Thirty times ninety-nine grains will make two thousand nine hundred and seventy grains, and this whole amount is ninety grains more than six ounces, apothecaries weight, very little more than half a pound; and Hahnemann has not only made the thirtieth attenuation out of this, but, in making it, he has made ninety-nine grains of each and every attenuation from the first to the thirtieth. If alcohol was used instead of sugar of milk, it would take between six and seven ounces to make the thirtieth dilution. If, then, 2970 persons would each take, at a dose, one grain of each attenuation thus made, they would consume not only the thirtieth attenuation but the ninety-nine grains of each and every one of the several attenuations, from the first to the thirtieth, in one instant.

I consider Professor Simpson's whole book a tissue of systematic misrepresentations. He has exhibited Hahnemann as carrying out the attenuation of *each and every grain of every attenuation*, instead of stating fairly and honestly, that Hahnemann took *one* grain only, *not every grain*, of one attenuation, to make, with ninety-nine grains of the menstruum, the next attenuation. In the broadest charity, I really do not know where to look for his apology. In attempting to expose Hanhemann and Homœopathy, he has only succeeded in con-

victing himself either of malice or ignorance. In contemplating the attenuating process of Hahnemann, it may appear strange to the casual observer that a medicinal power could, by any possibility, be preserved. According to the principles of the Atomic theory, matter cannot be annihilated. The *intrinsic principle* of a diamond is to be found in a particle the size of the head of a pin, as well as in a mass the size of a house. Ten millions of grains of Opium contain its active (dynamic) principle—Narcotine; but the ten millionth part of that quantity, one grain, also contains that active (dynamic) principle, and so does the ten millionth atom of that one grain contain it. The *intrinsic principle*, of a medicinal substance resides in its atomic constituents or particles; and, by overcoming the attraction of aggregation or cohesion in these ultimate atoms, this active (dynamic) principle is developed. The aptness and power of Hahnemann's process of attenuation is now made apparent.

In a matter so important as the administration of medicines to the sick, and in view of the responsible office of the physician, it is absolutely necessary that he shall be certain that his remedies, whatever they profess to be, shall possess the power to control and cure diseases, regardless of speculative philosophy. Can the Homœopathist have such a certainty in regard to his remedies? Certainly he can, by administering them to the sick. Here he can have the testimony of his eyes that they are effective and reliable. He prescribes for all kinds of fevers, for croup, for pleurisy, for pneumonia, &c., and he surely would be the first to detect the want of efficiency in the medicines he administered. It would not require the opposition of his adversaries to change his practice; if his patients continued to suffer or would die, he would die with them, professionally, and his own interests, if he could disregard the sacred appeals of humanity, would compel him to change. Tell his adversaries, however, of the diseases he has cured, and the universal reply is—"they would have recovered if nothing had been given." Well, be it so. If the diseases required nothing, and he gave nothing, who can

question the utility of his course? While he can have the happy consolation to know that he did not afflict his patients by the administration of crude and disgusting drugs.

I do not say that diseases have not been, and are not now cured by allopathic treatment, according to the reversed principle—*Contraria Contrariis Curantur.* I would as soon say that travellers have not been conveyed from Philadelphia to Baltimore in the old-fashioned four horse mail coaches; but, I do assert, that the distance is now passed over more comfortably, and in one fourth of the time, by the aid of steam. And what was the objection to the use of steam, when first proposed for purposes of locomotion and of navigation? Its *simplicity.* It was nothing but water, whose power was developed by the introduction of caloric. We have have lived to see and to enjoy its superiority as a motive power. What was the objection to the magnetic telegraph? Its *simplicity*: Many, who now hear me, rocollect the time when Professor Morse applied to the Congress of the United States for an appropriation of $30,000, to test the experiment of a line from Washington City to Baltimore; and, when that appropriation was granted, how almost every one felt and expressed dissatisfaction at the proceeding, calling the whole experiment a "humbug." That was the common phrase. We have lived to see the utility of that discovery demonstrated, and to avail ourselves of its advantages. What was the objection to the discovery of the immortal Jenner, who first proposed the system of vaccination as a preventive of that most dreadful of all diseases—the small pox, the virus for which was obtained from so humble a source as the cow? Its *simplicity.* And, what has been the objection to the discovery of the immortal Hahnemann in giving to the world a mild and safe antidote to disease? Its *simplicity.* And is it possible that the *simplicity* of a proposed improvement should oppose its investigation or adoption? It is even so; and so it has been from the time of the Saviour of the world upon the earth, and, perhaps, for ages before His coming. The simplicity and humility of His birth—His life—His whole earthly career—were the greatest objections to His power.

But, Homœopathists are charged with deluding the public. How? Was there ever anything seen in the practice which was calculated to delude? On the contrary, there is no other method of medical practice which is not better calculated to impose upon human credulity than Homœopathy. In all other modes of practice the patient can taste, feel or see that the physician is operating upon him, even before he feels a curative effect; and, if he should be no better or really worse from the action of the remedies used, he has testimony that *something* has been done for him. This is not the case in homœopathic treatment; for, such is its simplicity, that it has, really, more the appearance of doing nothing, and the first tangible evidence the patient has that the physician is doing *anything*, is a relief from pain, or some other indication of a cure. At the commencement of my investigation of Homœopathy, I was forcibly struck with this fact, and I asked myself the question—If Hahnemann had a desire to impose upon the credulity of the world, why would he have proposed such a course of treatment? He certainly disregarded all the common devices of the Charlatan, and adopted a plan the least of all calculated to deceive, which the ingenuity of man could ever have invented.

When I had been engaged in its investigation but a short time, one of my medical friends, who felt much solicitude for my welfare, asked of me, "What will the profession think of you?" There is the great question, and, unfortunately, it is the governing principle with the weak-minded. The fear of obloquy has been the cause of having prevented many an honest physician from looking into this discovery. But, what is the moral character of the man who stops to ask this question? Is he to be trusted with so responsible an office as that of physician? I would say he was better suited for that of a grave-digger!

In conclusion, I would offer a few words to my colleagues of the American Institute of Homœopathy. On the 10th day of April, 1844, sixteen years ago, our Institute was organized in the City of New York, by a meeting of twenty-

five physicians. I had the privilegè and the pleasure to be one of that number, and I have attended at every annual meeting since that time. I have seen its members increasing in number at every session, until now when it amounts to upwards of five hundred, giving to us an average increase of thirty a year, and I can truly assert that it is now one of the largest medical associations in the world. In and out of our Institute, we number, in the United States, alone, more than two thousand working homœopathic physicians. Sixty years ago, our distinguished leader wore the honors of his discovery alone, but he has handed down to us the rich inheritance which the splendour of his genius and his indafatiguable industry had achieved. Convinced, as he was, of the truth of his discovery, and of its value to mankind, he allowed no human obstacle to retard his progress, and, in the last days of his useful life, he was animated and sustained by the reflection that he would leave to posterity and to suffering humanity the greatest benefaction which history would ever record. *We* have been permitted to see the truth and beauty of his discovery, and to be among those chosen ones by whom it is to be perpetuated. *Our* privilege is as great as our calling is responsible; and, we cannot be true to that privilege and to that responsibility without perpetual vigilence, close study and untiring industry. With a faithful adherence to these, we shall prove worthy of our position in society, and of the great trust confided, by Providence, to our care. Let us, then, dischargê our obligations with fidelity, regardless of our oppositions and of our trials. Let us move on in the path of duty as a band of brothers, to honor and defend our sacred cause; and let us always remember and cherish the sublime maxim—"In truth, unity; in doubt, liberty; in all things, charity."

III.

REPORT OF THE CENTRAL BUREAU

FOR THE

AUGMENTATION AND IMPROVEMENT

OF THE

MATERIA MEDICA.

The undersigned respectfully recommend the publication of the following Provings, herewith submitted :—

On *Nitro Glycerine*, by Drs. Wm. E. Payne, J. G. Wood, and Isaac Colby.

On *Inula Helenium*, by Drs. E. Bayard and B. F. Joslin.

On *Chinaria Canadensis*, by Dr. C. J. Hempel.

On *Rumex Crispus*, by Dr. Clark Wright.

Some of these provings are merely fragmentary, but we hope they will be continued by the same and other individuals. The claim which any symptoms will have, to be considered, a part of the Materia Medica, will mainly depend upon their degree of verification, especially by different provings. We are not acquainted with any better method of purifying the Materia Medica, than the application of this principle. The perfect completion of the whole fabric must be the work of ages. In the mean time, in order that those

on whom the task of collation, comparison and elimination shall devolve, may be in possession of all the requisite facts, every observation of symptoms, whether objective or subjective, which is made by an honest and competent prover, should be placed on record.

B. F. Joslin,
Wm. E. Payne,
Edward Bayard,
M. J. Rhees,
C. J. Hempel.

PROVING OF NITRO-GLYCERINE, GLONOINE.

BY WM. E. PAYNE, M. D., BATH, ME.

For the main features of this proving, it is proper to acknowledge my indebtedness to our late lamented colleague, Dr. J. G. Wood, of Salem Mass., and Dr. Isaac Colby, of Concord, N. H.

When about to sit down to dinner, Dr. Wood, from mere curiosity, touched his tongue to the open mouth of a small vial containing the first decimal dilution of the drug. No results were anticipated. The proving, therefore, is all the more reliable and interesting; and every symptom, both subjective and objective, may be safely regarded as the effect of the drug uninfluenced by the imagination.

The first and immediate effect was a lightness and buoyancy of the body as from the inhalation of ether, followed, immediately, by a full, crowding, pressing sensation in the brain, accompanied by dizziness and whirling. Entire loss of appetite, though strong five minutes before taking the drug. Head felt enormously large; great mental agitation; pulse ordinarily 64, immediately went up to 96; trembling of the hands and arms, unable to hold the knife and fork steadily. The pressure in the brain gradually increased, so that in the space of ten minutes it seemed on the point of bursting. Visionary objects passed before the eyes; great difficulty in conversing from diminished power of the tongue and confusion of ideas; pulse rapidly ran up to 130, and carotids pulsated violently. Cracking sensation in the brain, obliging him to hold on to the head during every movement to prevent an apparent threatened rupture of the cranium.

Confusion of ideas so great he could not tell where he was; pain in the head intense, most severe in right side. Obliged to lie down; recumbent position most comfortable. Immediately fell into a heavy sleep, from which he was soon aroused by a professional call. When rising, pain and pressure in the head so severe he could not stand; obliged to lie down again for a few moments. Pulse now 140; went out to attend to professional calls; somewhat relieved in the open air, and, though still greatly confused, scarcely knowing where he was or what he was about, yet, when his attention was fixed by an effort of the will, remembered his patients perfectly, all their symptoms, and the medicines prescribed without once mistaking. Shocks in the brain, synchronous with every pulsation of the arteries. On returning home, attempted to lie down, but could not on account of increased pressure and throbbing in the brain, which were now so much increased, on attempting to assume a recumbent position, he was obliged to hold on to the head to prevent a rupture of the cranium. Frantic; could neither lie, sit or walk, but pitched about like one intoxicated, incapable of controlling the muscles of locomotion. Cold water, now poured upon the top of the head, produced spasms which ended in vomiting, after which (seven o'clock) became comparatively easy for a few moments; very soon, however, pressure and throbbing in the brain returned, and continued to increase till a second vomiting; followed, as before, by considerable relief for a few moments, after which the pressure and throbbing again returned, followed by a third vomiting. A cup of warm tea, now taken, seemed to afford decided relief; relief, however, of but short duration. Took *Camphor* at three o'clock and *Belladonna* at five o'clock, but without any relief. Used a cold bath at nine o'clock; went to bed and slept uninterruptedly till six o'clock on the following morning. On rising, felt very weak; no appetite for breakfast; head full and dizzy. At ten o'clock, a.m., general sick, weak feeling with pressure and fulness of head. No appetite for dinner. All symptoms of previous day increased till three

o'clock, p.m., then gradually diminished. Slept sound and undisturbed as on the previous night.

Third Day. Symptoms less severe, but same in character. Head symptoms commenced about nine o'clock and steadily increased till three o'clock, then gradually diminished as before. Third Night. Sleep disturbed, full of dreams, constantly occupied, during sleep, with professional duties. Dispirited and apprehensive.

The symptoms occurred, in the above order, for several successive days, but every day less intense till they finally disappeared.

According to the testimony of others, the general appearance was like that of one intoxicated. Frequently asked if he should die, and what would be done with him. None of these questions can be remembered.

June 17th, 1856, at 10, a.m., Dr. Colby took two drops of the first dilution (decimal ?). First and immediate effect, confusion of ideas and loss of strength. Sight and hearing both affected, indistinct. Fulness and pressure in fore-part and top of head, with throbbing, pulsation and confusion of all the senses. Sensation of balancing, requiring a constant effort to keep the head erect, which inclined to drop as on going to sleep. Undulating sensation, increased by every turn of the head. Sick, faint, death-like sinking at the epigastrium, with nausea, such as results from excessive dizziness induced by rapid whirling of the body. Great weakness in middle portion of thighs and arms. All the symptoms continued two hours without abatement, when the inhalation of Camphor seemed to mitigate some of the symptoms, but the more prominent remained uninfluenced. At the expiration of four hours, fulness and throbbing of head continued unabated, together with dull head-ache, which appeared rather to increase till retiring for the night. Awoke on the following morning with the same fulness and throbbing, which occupied the whole fore-part of the head and appeared to be deep-seated.

The above are unmistakable and remarkable results. They

show, with a degree of certainty, that the primary impression of the *Nitro-Glycerine* is upon the *cerebro-spinal* organs. The pain, dizziness, whirling, pressure, throbbing, fulness, confusion of ideas, shocks, undulation, sensation of balancing, impaired sight and hearing, &c., all point directly to the encephalic mass as the seat of the primary impression; whilst the rapid varying of the pulse, throbbing of the carotids, diminished appetite, death-like sinking at the epigastrium, nausea and vomiting, muscular trembling, spasms, weakness, &c., as strongly indicate the consecutive effects of the drug upon other organs through the great sympathetic.

All the provings of this drug, that have come under my observation, point directly to the nerve mass as the seat of attack. In all but two of the twenty-six observations, published in the "British Journal of Homœopathy," by Dr. Dudgeon, on the pathogenesy of Glonoine, we find the first development of symptoms in the encephalic mass. In one of the exceptional cases, the catemenial flow appeared, out of its usual course, soon after taking the drug; but a hot bath, used at the time, renders it probable that this morbid phenomenon was the result of the bath and not the Glonoine, and this presumption is strengthened when we learn that the same prover subsequently took Glonoine for the purpose of testing its pathogenetic power, and immediately experienced the throbbing head-ache as first exhibited in nearly every prover and which is so characteristic of the drug.

If we turn our attention to clinical records, and study the cases in which the drug exhibited unmistakable curative effects, we shall see that the diseases not only had their origin in the nerve mass, and more especially in the brain, but we shall see an exact similarity in the character of the drug symptoms and the symptoms of the diseases in which it proved curative. The character of the head-ache shows that its origin is in the encephalic mass, and not in a remote organ or tissue. A Glonoine head-ache is throbbing, with fulness and upward pressure, and a sensation as if a ligature were drawn tightly around the neck; and there is often connected with the above

symptoms, disturbance of the circulation, palpitation of the heart, nausea, and perhaps vomiting. But the palpitation of the heart, throbbing of the carotids, rapidity of pulse, nausea and vomiting seem to be consecutive effects, indicating a more general implication of the organism. When we find that palpitation of the heart, throbbing of the carotids, nausea, vomiting, &c., chronologically considered, are subsequent to the throbbing head-ache, or subsequent to such symptoms as lightness and dizziness of the head, which precede the throbbing head-ache, then the indication for the use of Glonoine may be regarded as well marked, and we may administer it with implicit confidence. In no other form of palpitation of the heart, in no idiopathic affection of the stomach, indicated by death-like sinking, or nausea and vomiting; in no case of disturbed circulation dependent upon a primary affection of the circulatory system, or any tissue other than the nerve mass, do we regard Glonoine as homœopathic.

In *Coup de Soleil*, or sun stroke, which results from the impression of the sun's rays primarily affecting the encephalic mass, we should expect much from this drug; and the three only cases reported by Dr. John Fox, in the *Philadelphia Journal of Homœopathy*, vol. iii. p. 356, show us that our expectations are not misplaced. The prompt action, in the above-named cases, exhibit the remarkable power of Glonoine over this fearful and hitherto unmanageable disease.

In threatened apoplexy also, and even when the fit has already supervened, this drug stands foremost in the encephalic group of remedies, provided the attack is dependent upon an idiopathic affection of the brain, either from the operation of external agencies or mental influences.

It is true clinical observations have been reported which appear to negative this view of the subject. For example, cases of disordered menstruation, and frequently recurring attacks of fever during utero-gestation, have been reported, in which this drug appeared to be remarkably efficient. But in all such cases that have fallen under our observation, we have invariably traced them either to violent mental disturbance, or depressing and long continued grief.

We believe that Nitro-glycerine, or Glonoine, is homœopathic to such diseases only as have their origin on the brain, and which exhibit primary and consecutive symptoms similar to those produced by the drug in the healthy organism.

In conclusion, we take pleasure in referring the members of the Institute to the valuable and extensive provings of this singular drug as published by our indefatiguable colleague, Dr. Hering, which exists at present, only, in the German language.

PROVINGS OF INULA HELENIUM.

(1.)

BY EDWARD BAYARD, M. D., NEW YORK.

Dr. Edward Bayard reports as follows:—

Some years since, with the intention of making a proving, he chewed a portion of the root of the plant usually known in botany by the name of *Inula helenium.* While masticating it, he swallowed a portion of the juice. This was in the morning.

On the succeeding day at dinner, he was surprised to find that there was a complete loss of taste. Highly flavored butter was merely felt as an unctuous substance, and no flavour was perceived in any other food. He rose from the table, and examining his tongue found it covered with a thick and very white coating. The sense of taste gradually returned and the tongue gradually cleared, so that after several days both were in the same normal condition as before the experiment.

The officinal name is *Inula campana.*

(2.)

BY B. F. JOSLIN, M.D., NEW YORK.

Dr. B. F. Joslin reports:—

In the Spring of 1849, he prepared the tincture of the fresh root of *Inula helenium*, by mixing the expressed juice with alcohol. On the 16th of October, of the same year, he prepared from this the first, second, third, sixth and twelfth dilutions, and took five globules of the twelfth at 9.24, p.m.

Symptom 1. Slight nausea with pain over the eyes, at 9.30, after about six minutes.

2. Obstruction of nostrils, with smarting and sensation of heat in the left side of the throat, at 11, p.m.

3. One severe darting at the junction of the fore-head and right temple, at 11.10, p.m.

17th.—4. Flatulent colic just below the umbilicus, in the night, commencing after being awake at one o'clock, a.m., and continuing for nearly half an hour whilst walking in the open air, and mitigated by the expulsion of flatus.

5. In the morning, after breakfast, at the usual time of evacuation, had a stool more soft and copious than usual.

18th.—6. A flatulent colic similar to the former in the same locality, in the forenoon.

20th.—7. Waxy fæces; the stool approaching shoemaker's wax in its dark brown colour, its tenacity and its fineness of texture; after three and a half days.

21st.—8. Painful pressure on the left side of throat, as if with the end of a finger or some blunt instrument; in hte morning, at 7.45; after four and a half days.

PROVING OF RUMEX CRISPUS.

BY CLARK WRIGHT, M. D., NEW YORK.

Dr. Clark Wright reports to the Bureau, that, in March, 1860, he took, when in health, two doses of dry pellets of *Rumex crispus*, morning and evening.

After about three days, without any known exposure or any obvious cause beside the Rumex, he was attacked with a severe and durable cough, presenting a character entirely different from any he had ever experienced. It was a dry spasmodic cough, assimilating an early stage of whooping cough. It was dry at first; came on in paroxysms preceded by a tickling sensation in the throat-pit, and attended with congestion and slight pain in the head and wrenching pains in the right side of the chest. The time of commencement of the most violent paroxysm was a few minutes after lying down at night, which was usually about eleven o'clock. This paroxysm lasted ten or fifteen minutes. After this he slept all night. A less severe paroxysm occurred in bed, in the morning after waking, and at various times through the day. This state continued about two weeks, when there was a commencement of expectoration, of adhesive mucus in small quantities, detached with difficulty.

The whole duration was about a month. Some medicines were taken in the latter stages, but without obvious effect.

Note by Dr. B. F. Joslin.—Several of these cough symptoms, especially the *principal paroxysms of cough commencing a few minutes after lying down at night*, agree with my provings and clinical results.

PROVING OF CHINARIA CANADENSIS.

BY CHARLES J. HEMPEL, M.D., PHILADELPHIA.

Dr. Charles J. Hempel has made the following communication in regard to his experiments.

I have proved the tincture of *Chinaria canadensis* in doses of one to one hundred and fifty drops of the concentrated tincture. I cannot report any other results than :—

Rising of water apparently from the stomach, preceded by by a slight astringent sensation in the region of the cardiac orifice, and accompanied by a feeling of pressure and weight in this region. The taste of the drug remained half a day and even a whole day. I am continuing my experiments, and shall report further results in due time.

IV.

MEDICAL EDUCATION,

BY D. M. DAKE, M. D.,

PITTSBURGH. PA.

On the subject of this report much, very much, has been said and written both as to what constituted it, and the means of obtaining it; so much that it would seem that little, if any thing now could be said to make more distinct the pathway to a correct, and thorough medical education. Homœopathy presents its pure and complete formulæ by which all the objective elements of study, in this field of science and art, are to be comprehended by the human mind, and made available for the accomplishment of their legitimate and final purposes in the economy of life.

This system of rules presents to the student of medicine the human body and its functions, or vital phenomena, as the centre and radii by which to find the several arcs in the circle that surrounds said centre, that can in any way affect it for good or for evil. The centre and radii being given to find the arcs; the thinking and honest inquirer may proceed to the solution of the problem before him with the greatest certainty of reaching its logical consequences; and the result required, providing always that each process of observation and reason shall be directed by the rules of our school, or those by which Hahnemann's method of investigation was distinguished from those of other observers preceding him.

The foregoing remarks apply equally to each of those branches of study a knowledge of all of which constitutes a true medical education.

Anatomy and physiology, constituting the centre and radii, of course, compose no part of the circle, nor do normal phenomena in any way indicate the existence of the circle that bounds the physician's field of inquiry. It is only when objects in the circle are brought to bear upon the centre, and leave there their legitimate impression, that we obtain a clue to the fact that such a circle has an existence. The vital mirror, reflecting the objects impinged upon it, gives the likeness of things of which the circle is composed. And it is not until each object in the circle has thus set for its likeness that our knowledge of the types which complete the circle, will be perfected. As will be seen at a glance, the circle contains all that can affect the human body and its functions, favorably, or unfavorably to its normal integrity; the likeness of each of which, as reflected in modified vital phenomena, and arranged in order around the centre gives the circle, or the great object sought. Phenomena, thus reflected from the centre, take their respective places in the circle by no arbitrary generalization of human invention, but as naturally as water seeks its level, giving the several arcs of which the circle is composed. These arcs are symmetrical, and antagonistic. That is, the causative and curative arcs occupy opposite segments of the circle, and are the natural opponents of each other, and when equally balanced, the *centre* is maintained in its normal integrity, to announce through symptoms the active presence of neither, but of health unimpaired.

We have in one segment of the circle, specific or dynamic causatives; opposed to this, one which embraces all dynamic curatives, the *Materia Medica.* We have also an arc of general causatives, and opposed to it, general curatives, and lastly, mechanical causatives, and opposed to it, mechanical curatives. Facts and phenomena, at first view, seemed to indicate a chemical, and an antidotal arc, or an arc of toxical

causatives and curatives, but on reflection they seem to take their place in the arcs of dynamic causatives and dynamic curatives, but should such disturbing and harmonizing agents require separate arcs in the circle of sciences, in order to a clear understanding of their relations to the vital centre; let the distinction be made; for it is unimportant to my present purpose. My object is to give a distinct view of the objective elements of study, that go to make up a true medical education. One half of the circle embraces pathology, which investigates the causes; nature's symptoms and effects, or foot-prints of disease; the opposite half embraces the materia medica, surgery and regulated regimen. Thus grouped into six co-ordinate branches of study, or branches sustaining to the centre and radii, equal relations; all the wide world of objects that sustain distracting, or harmonizing relations to the economy exist before us, as objects of study for the physician. All other branches of study not embraced in these, we will denominate the subordinate or collateral sciences—as chemistry, botany, etc., which merely aid the student in his acquisition of medical knowledge.

Operative obstetrics finds its place, contrary to usage, in the surgical arc. Pathological anatomy in the arc of specific or dynamic causatives, giving the foot-prints of disease, when the sound of its steps are no longer heard in the deserted citadel of life. Toxicology finds its place in the *Materia Medica*, etc.

The human body with its functions has constituted the point of reference, or standard of comparison by which in all past time men have sought the relations of things around, to the human economy. And they have been compelled at every step of their progress to heed physiological signs as the only language spoken by which could be communicated to the human mind the information sought.

It must be clear to the reader how it is that physiological signs, or symptoms, point as radii to their respective arcs in the circle as they are influenced, modified, or controlled by one or another of the wide range of causatives or curatives,

as they are brought to bear upon the vital centre. By what other process of observation and study, is it made possible for the mind of man to work problems in medical science, or in the wide range of therapeutic detail.

The six co-ordinate branches of study referred to, constitute the *scientific* basis of therapeutic art. The physician takes his place amid the phenomena that play between the vital centre and the circle, regulating the application of forces, in the latter to the former, that he may effect the modifications of vital action requisite to health. Science answers to WHAT is to be done? And, WHAT with? Art, to the HOW? The student of medicine begins his course of study with anatomy and physiology. The body is dissected; the organs, tissues, and component parts of it, with their continuities and relations to each other, are brought to view; from this point he turns his eye to the functions, positive and relative, performed by the organism; here all the phenomena that distinguish the living from the dead, are expressed through the term physiology — whose enchanting volume opens to his delighted gaze the *alphabet* to the language, whose study he is commencing, and he will only know the alphabet when his knowledge of these branches of study (anatomy and physiology) is complete. He is, after all this study, only just prepared to understand the statement of problems to be solved through years of close observation and attentive study, in order to that degree of medical education which constitute the standard of his age, or the generation from which he receives it. Starting here, he receives anatomy and physiology in their normal conditions, as the centre and radii given, by which he finds the disturbing and harmonizing rotations of all things else to it, that can, in any way, change its decrees, or modify the qualities of its *actions* or *functions*. What is true in this respect of the *whole* is so of its *parts*. Not a successful step can be taken, without constant reference to the conditions and functions we would appreciate, or correct, by means of art. The fractured bone, the dislocated joint, and gaping wound, alike speak by symp-

toms, thereby announcing the nature of the injury sustained, and every thing that is requisite for the physician in order to find his indications of cure. And how would he find the appropriate dressings, and know the degree of force requisite to place and retain injured parts in the position most favorable to the cure, in any given case, without accepting the parts to be treated, as the standard of comparison, by which to find and know the appropriateness of means to be employed? Splints must be fashioned after parts they are intended to fit, and the force requisite to the reduction of dislocated parts, must be determined by the resistance offered. The abnormal conditions arising from the *abuse* of the ordinary and general necessaries of life are given to find the *use* requisite to restore physiological harmony to the disordered system, as general curatives. Knowing the mechanism of labor, *i. e.*, the parts, organs, and principles involved in the process of parturition, the points, from which to reason to the means required for the removal of obstructions, to the completion of, or by which to aid the process, are furnished. The shape, size, and relative position of maternal and fœtal parts, directly involved, must be accepted as the centre and radii, given to find the object sought. Thus science, instead of empiricism, becomes the basis of art, directing by principles the same in all time to a correct judgment on the fitness of means to ends, sought by the interference of art. By the same process of observation and reason, all mechanical curatives or aids to cure, must be arrived at, and when fully known we shall have the complete and perfect science and art of surgery. Knowing the pathogenesis of all drugs, and the pathology of all diseases arising from general and specific causes, what is lacking to complete the scientific basis of therapeutic art? It will be complete, when our knowledge is perfect of all diseases and all cures; and when we know the disturbing and harmonizing relations of the external world to the human economy.

The distinction hitherto recognized between the direct branches of science that compose the true science of medicine,

and those that are merely collateral, subordinate, or subservient to it, has never been made sufficiently clear in the literature of the old school, to bring before the student the whole field, and exhibit at one view, the relations of its various parts to each other. To do this, it will suffice to look upon the human body as the central object; upon physiological phenomena, as the indicating radii, pointing to objects of all kinds in the external world that sustain to the centre disturbing or harmonizing relations; and, lastly, upon all such objects grouped into six co-ordinate branches of study. Thus we have all that can cause, and all that can cure, united into one complete structure, as the everlasting basis of medical art. Chemistry composes no part of the structure. Botany enters not into its composition; though these branches of science afford important aid in the investigation of medical materials, they secure by their tests and descriptions, uniform articles for the *Materia Medica.* Chemistry opens the human system, and exhibits it silent depths: where the eye, assisted to the utmost, by philosophy, has never been able to go; philosophy brings to view the combinations of atoms, separately invisible, and gives us insight into the formative processes of the tissues, imperceptible by the senses unassisted. Thus chemistry and philosophy assist in laying broad and deep the foundation of physiology, whose province it is to give us the value and true signification of the normal phenomena of life.

It will come home to the reasoning mind with all the force and clearness of an axiomatic proposition, that nothing can be known of the disturbing or harmonizing relations of agents in the external world to, independently of phenomena elicited through, the human economy. The human body announces through modified vital phenomena the influence exerted by any agent upon it; and the language of signs or symptoms is the only one spoken, by the correct rendition of which it is made possible for the mind to find the relations sought, between causes and cures, and the human economy. Thus indicated, the pathway of the student is too plain to be mis-

taken; and the absurdity of adopting *eclecticism* as a new, true, or important doctrine, by which to find the fitness of therapeutic means, will be detected at a glance. The inflexible demands of exact and rigid scientific formulæ for scientific purposes, must be heeded, and the logical mind will pronounce them just. The *law* of Homœopathy will yield in nothing to those who would liberalize its formula by the adoption of a *political* instead of a *therapeutic* rule by which to select, apply, and know the appropriateness of curative means. Let us not be deceived, gentlemen, by the delusive word *eclectic*, for it expresses at most, in its recently popularized signification, but a political rule, and in that expresses nothing new, for no one knows better than the true and thoughtful Homœopath the right of each, as well the duty, to select what, according to his chosen and the best means of judging, will best accomplish his object—*the cure of the sick.*

Nor let us be deceived by that other word *benevolence* in view of doctrines and laws at once inflexible and immutable. If pathogenesy and pathology are given to find one law of cure or curative indications, we must heed their pointing with strict fidelity to our chosen, logical and scientific *formula*, in distinction from the empirical. We should be consistent. The term "liberality," when used for the purpose of bringing together in harmony, opposite and incompatible doctrines and systems of medicine, becomes a burlesque upon our nomenclature, and stultifies the man in our ranks who would employ it for such a purpose; though by the free use of the word he might convince the world of his goodness of heart, he would be no less sure to convince the reflecting of his logical debility, or asthenia of intellect. To try all things and hold fast that which is good, is the fundamental rule of our creed, but its teaching is not to be mistaken. It means not that hap-hazard trial, whose fruits reach us upon the tongue of fitful gossip, but that which elicits the truth-telling phenomena of vital action. Universal observation confirms the truth, that the fruits of empiricism are unreliable, bear-

ing upon a brazen face the ineffaceable word "false," so plainly stamped, that no close observer can fail to read, heed and profit by it.

The Institute should place its protest upon every effort of its members calculated to obscure the distinctive truths and doctrines of Homœopathy. And when any of its members are found harping upon useless adjectives, like "rational," "eclectic," or "conservative," "liberal," &c., the eye of suspicion should be fixed upon them, for it is more than presumptive evidence of their ignorance of Homœopathy, and its clear teachings.

It is beneath the true dignity of this scientific body to behold with unconcern, influences at work calculated to tarnish the rising glory of Homœopathy; her intrinsic value as a system of medicine, distinguished from all others by her scientific and artistic principles and laws, has carried her through, against all opposition, to a proud position in the confidence of nearly every enlightened community in the world; and if men wish to reap the fruits of her popularity —and for this take her name—they should by no means insult her spirit, like selfish cowards bent on treason. They should not seek to disgrace her by attempts to bring about an illicit intercourse between her and any empirical monster, to secure hybrid and uncouth offspring, and as a scientific body we should offer our solemn protest against all such attempts on the part of members.

Having shown of what a Medical Education should consist, the course of observation by which the student of medicine should investigate its objective elements, the distinction necessary to be made between the direct and collateral branches of study, and, lastly, the futility of all attempts to blend in one the opposite and totally incompatible doctrines of the various schools of medicine; the *method, means, and course of study and instruction requisite to a thorough "medical education,"* next in order demand our attention.

We are aware that scarcely anything will be found more difficult of accomplishment than a revolution in the long

established methods of thinking and doing things, among men. That few change their notions after forty years of age, has passed into an aphorism, so nearly an axiom, that rare exceptions only oppose the general rule. That the controlling influence over human affairs is ordinarily exerted by men over forty, is, therefore, a discouraging circumstance, and yet all experience goes to show that the few who step forward as rare exceptions to the general conservative rule, with truth and right on their side, have, in all ages of the world, found their way to the conservative masses, bearing the seed of revolution and reform before the steady and mighty trade-winds of human thought, and successfully planted them in the cold soil of conservatism, to spring up and bear fruit in due time.

"Truth is mighty, and it will prevail;" "Knowledge is power;" "Time corrects the caprices of human opinion and confirms the decisions of nature." These are the elements that propel the car of progress, and smoothe its way to the culminating achievements of genius, and truth-armed effort. Then why should we fear to call in question the adaptedness of means to the ends sought, by the methods and course of instruction pursued in the schools? Why should we, in this, ape our allopathic cousins? Is it because there is no better plan or order of instruction than that handed down through successive generations, and ergo, fashionable? We should do our own thinking, and accept nothing because old, reject nothing simply because new, but busily seek after truth. Reformers should refuse to split rails twenty-four feet long, simply because their fathers have done so, and adopt whatever is better.

That the present system of teaching in our medical institutions is defective, and wofully inefficient, is most keenly felt by all who reflect, and who have the honor and utility of the profession at heart; and who will undertake to sustain the negative of this proposition in the unmistakeable light of facts? Look at the array of young physicians sent out annually from the colleges to assume a position between the living

and the dead, to guard the dearest earthly interests of the suffering and afflicted of mankind.

> And health bring back when organs truant prove,
> And life's warm currents from their channels move.

How many of that number reach that post of trust and duty, with head and heart prepared for the work? You will answer, and rightly, not one in a one thousand. And why? Simply because "the dead tell no tales," and the darkness of the grave hides from the scrutiny of mankind the work of doctors. For these evils there is a remedy; and their correction is the only salvation left for the profession, and guaranty of safety for suffering humanity. It becomes us as members of the American Institute of Homœopathy to think and apply our energies diligently to elevate the standard of "medical education," and redeem the profession from the too well deserved sneers of enlightened manhood. The student leaving school with his mind prepared for the work, turns his thoughts to the medical profession. In the library before him, he finds works on all the various branches of study that make up a medical education. To master a knowledge of their contents appears to him a great undertaking, and so it will be found, a work he will never accomplish; nor need he, for in so doing it would require the remnant of life to unlearn the errors imbibed; but he may accomplish vastly more; he may become a true medical philosopher, to look forth upon the phenomenal in his field of inquiry, as into a volume in the type of his own language, as the hand-writing of an *author* whose infinite liberality allows, yea, invites him to transcribe its unalterable truths so far forth as they can be made subservient to the true interests of humanity. To accomplish this mastery over the elements of medicine, there is but one course for the student to pursue. He must study nature; like a child in the lap of its mother, he must listen to her language whose enunciation, at every step, will become more and yet more distinct, comprehensible and instructive, until he may talk with her as friend to friend. Thus will he

learn to read phenomena as the language of nature, and treasure up the lessons of wisdom and knowledge she is ever ready to impart, to those who ask aright the information sought.

Once in the right path, to grapple facts and phenomena, to aggregate, sift, co-ordinate, and generalize, becomes a comparatively pleasant and easy work. Books will aid the student and chiefly in acquiring skill in grappling facts and phenomena. As books are the repository of a world's cumulative facts, forms of expression, and nomenclature, the student must read, and thus obtain a tangible mode of expression of his own, and be enabled to appreciate the thoughts of others. By observation, and by faith in the honesty and ability of other observers, the student acquires facts as the basis of all his reasoning. To enable the student to go on with his work readily and understandingly, is the great object of teaching. The student should become an independent thinker, and his course of study should enable him to cut from his moorings in the harbor of authority, that with chart and compass he may make the voyage of professional life alone, prepared at every turn, and in every storm, to know his work and do it well. That his studies may be directed to the best advantage, the *method*, the *means*, and the *course or order of study* should be a matter of the deepest solicitude with his teacher, who should never be unmindful of the fact, that useless forms murder the spirit of any enterprise as surely in science as in religion. Yet without method, but little can be accomplished in any undertaking, especially in attempts to discipline the mind and its various faculties in order to careful observation, quick perception, ready reason, and deliberate action; requirements so necessary to the physician.

The present and universal method of teaching is by lectures, delivered from five to seven each day, and each an hour long. In this mode, the rapid succession of ideas presented, precludes the possibility of retaining the matter, even by the most retentive memory. In attempts to retain the nomenclature, the ideas are lost, and *vice versa*. In this way both

the names and the thoughts they convey are lost, or exist in the mind in unintelligible confusion. Time is not allowed for the digestion of what little is retained, and in a few days an almost universal and complete intellectual indigestion seizes the class, home sickness follows in many instances, and in most, the choice passage in the course of each professor, is his last, from his chair to the door. However efficient, as a means of instruction for the advanced student, lectures may prove, they can never be made of much utility to the newly-initiated of a class. A more familiar method of teaching should take the place of lectures; one more likely to elicit a feeling of interest, arouse the thoughts, fix the attention, and hold the mind in active contact with the teacher, and subject of instruction. This may be done as in any literary college, the method and course of instruction in which it would be well to imitate. There should be two courses of instruction, the *preparatory* and *final*. In the *preparatory*, the subservient and collateral branches of science should be taught, and on the same plan of instruction as that adopted in academies and colleges generally. There should be regular recitations before the teachers of the several departments. In this way each student would imbibe a feeling of individual responsibility ample to fix the attention, which is the basis of memory, and secure a thoughtful frame of mind, the great secret of successful teaching and study; while formal lectures murder feelings of interest by holding the class at arm's length from the teacher and his subject.

The direct or co-ordinate branches of science that compose the immediate basis of therapeutic art, together with the rules of art, should be taught in a *final* course, and where ample means are in requisition for the demonstration of both the *sciences* and the *arts*. There may be a primary or preparatory school in every town, village or city throughout the country, not so with the final course institutions for teaching, which could flourish only in large cities and in connection with hospitals. In New York and Philadelphia, schools or colleges for teaching the final course might be well sustained,

if backed by from twenty to fifty preparatory schools, located in various parts of the United States and the Canadas.

In the preparatory schools should be taught *Botany, Chemistry, Anatomy, Physiology, and the History of Medicine.* With a thorough knowledge of these, the mind would be prepared to enter upon the final course of study, and appreciate the teachings of those higher branches which link them to their final purposes, the prevention and cure of disease. In most of our schools, as now organized and conducted, the student is seldom brought in contact with the sick, that he may witness the phenomena of disease, sees but few operations upon the living body, has very meagre opportunities for the observation of symptoms and conditions that point to rules of practice, or indications of cure, and direct the judgment of the physician or surgeon where, and for what, to medicate or operate. Nothing can supply the deficiency. Actual contact with disease whose phenomena and treatment are clearly pointed out by competent teachers only can answer the purposes. Such facilities for the study of the higher branches can be furnished only in connection with hospitals, and, though in a more limited way, in private practice. If the student would make the best use of the advantages furnished in institutions of the kind, his mind should be thoroughly prepared, by the preliminary course, to enter upon the study of materia medica, pathology, obstetrics, surgery in all its departments, and the institutes and practice of medicine. Facilities for teaching and demonstrating the preparatory department exist everywhere, and may be obtained at small expense; and to establish schools throughout the country in every important village and inland city, would be a trifling work, requiring no chartered privileges for its success. It may be made an individual enterprise, and if properly conducted, its influence upon medical education would soon be made apparent.

The final department, or central colleges, would be fully sustained, and so ample as to secure the best of teachers or professors, and the best means of instruction. And as a re-

sult, our entire country would be supplied with thoroughly educated physicians, alike an ornament and a benefit to society. As the schools are now conducted, students are sent out by thousands, not one in ten of whom is qualified to take a position in the world, honorable to himself or useful to society. The fact is humiliating, that in nearly every neighborhood they come in contact with half a dozen observing old ladies, vastly their superiors in skill, and in every thing but the use of a few big words, almost, and in many instances quite, as meaningless to the M. D. as to his more unpretending auditors.

Allusion is had to no particular school nor class of physicians; it is a *failing* of all, and a *fault* of ours, as medical reformers. We are aping and thereby popularizing, the antiquated method of the old school, with no higher or better reason than that it is *old* and *fashionable.* This should not be. It behooves us as medical reformers to seek diligently for ways and means by which to elevate the standard of "medical education," and give to suffering humanity thoroughly educated physicians. In no other way can we recall and deserve the confidence of mankind and make the profession truly honored and honorable with the well-informed. Each of us, and every physician, should make the future, no less than the present, of the profession, his own, and see to it, that when finally called from his field of labor by the "pale messenger," whose superior tactics he can no longer resist, others may be prepared to take his place, and discharge its duties, with increased ability and improved skill. In this way the profession may compel the respect of the laity, deserve their support, and drive from the field the fearful number of ignorant, yet too often successful, competitors, of the men of learning and merit. We have a system of medicine which, rightly understood and skillfully applied, must secure confidence; of this we have ample proof in every day's report, and all we need to work a speedy revolution in the practice of medicine throughout the world, is well educated physicians. The prejudices of mankind give way before the

fearful tread of the "king of terrors," and when they witness the successful management of the physician, in the averted step of the dreaded foe, insanity may, but nothing short can, stay their confidence in the better way and in the man of improved skill. This fact, with the knowledge that Homœopathy offers to the world the only true and enduring philosophy, and use of curative means, gives us a deep, broad, and everlasting foundation of hope, that should inspire our thoughts, nerve our efforts and sustain us, even in the discharge of our duties to this, and ages approaching us in the vast future.

We should cast off the useless forms, that murder the spirit of our enterprise, and like the primitive christians, who saw in their mild and better way, the moral and physical regeneration of our race, start forth with burning, yet doubly rational zeal, work for the physical redemption of diseased and afflicted mankind; a redemption, not only from disease, but the heavy yoke and the bloody and disgusting rites and ceremonies of the old dispensation, imposed by a benighted and bigoted priesthood. Let us feel, practice and teach truth, and we have nothing to fear for our cause, not even the inconsistencies of the few who would retain circumcision, and a few other of the vagaries of a system and dispensation they profess to have discarded, in their adoption of Homœopathy. Let us go to work and reform our method and course of instruction, educate our students thoroughly, make each an independent thinker, a true medical philosopher, and our literature will not longer be tainted with the expressed willingness of our physicians to have called, in consultation, this, that or the other allopathic doctor, in any case, over any patient however known to literary fame or obscure in social life. Let the student be educated to know the powers, properties and modes of action of all therapeutic means, specific, general and mechanical, and to observe and appreciate the value of morbid phenomena. Let him be taught that all *drugs* exert upon the system two, and opposite influences as indicated by the phenomena of their action; that the paramount influence exerted must indicate the law by which to apply

them for curative purposes; and that that law finds its adequate expression through the phase "*Similia Similibus Curantur.*" Then will we have a class of physicians who would as soon ask in the aid of a jackass to tune a piano or play a church organ, as seek the advice of an allopathic physician with regard to the dispensation of drugs for the cure of their patients. None would be found harping on a "compromise" between systems, "liberality" of views on self-evident propositions; "eclecticism," as one of the fundamental laws of *medical* creed; or "tolerance" of antiquated error and discarded vagaries of empirical medicine. We will not stop to point out all the advantages that would flow from a more efficient mode of teaching than that now employed. They are many and obvious. They would urge every physician past that contemptible half-way house where so many now stop to accommodate themselves to the ignorance and caprices of those who "believe a little in all systems," to the high and ultimate aims of the profession, rightly understood and faithfully developed in practice. It would make the principles of our science, and the *law* of our art, the physician's guide, instead of the good opinion of allopathic neighbors on the one hand, and on the other, the ignorance and blind desires of those who invoke his aid in the hour of need. No longer the slaves of passion, but relying upon the omnipotence of truth, nothing could interrupt our march against the long-fortified temple of antiquated medicine.

V.

STOMATITIS MATERNA,

BY R. LUDLAM, M. D.,

CHICAGO, ILL.

This is one of the most interesting, as well as vexatious, diseases with which we are acquainted. It is interesting because of its limited history and prevalence, its peculiar pathology, its mortality under the dominant practice, and the imperfect development of its homœopathic therapeutics; vexatious, because of its multiplied forms and complications, and its intractable nature, if not modified and remedied by appropriate means.

Hence the desire, in the following report, to add, if possible, something in the line of perfecting its pathological detail, and likewise of pointing out the precise indications for such particular remedies as may promise relief for the same.

I. Nature.—Regarding the essential nature of this malady, various opinions have been and are still entertained by the profession at large. The most plausible of these we apprehend, is that which refers its phenomena to a scorbutic cachexia. It has been convenient for the majority of medical men to attribute its origin to miasmatic influences; to a diminution of the red corpuscles of the blood; to scrofula; to menstrual irregularities, antecedent to conception; to a depraved and insufficient nourishment, and the like; but the

best writers incline to the opinion that this catalogue embraces only the crude outline of its causes and its consequences, while it leaves the radical nature of the malady itself an open question.

That it is of scorbutic origin is evident, from the following considerations:—

a.—Its causes are those which tend to derangements of nutrition and assimilation.

b.—It is invariably accompanied by anæmia.

c.—Except in degree of violence, many of its symptoms are identical with those of the scurvy.

d.—The same dietetic regulations are requisite to cure the one as the other. Both demand a pabulum largely composed of vegetables, and of vegetable acids especially.

e.—They are alike mortal under treatment by mercurials, &c., agreeably to the antiquated method of medical practice; and this fatality is induced by an identical process of disintegration of the tissues, in which their elements are forced to remain, without elimination, as abnormal constitutents of the blood.

f.—Those homœopathic remedies which are most valuable in Stomatitis Materna, are also those most successfully employed against scorbutus.

II. Peculiarities.—The Stomatitis Materna has the following characteristics:—It is peculiar to females, and of these to women during the term of utero-gestation, or at some period of the maternal lactation. A few writers, indeed, claim to have witnessed examples of this disease in males, but such reports need confirmation, implying as they do some grievous error in diagnosis. As a rule, one would as readily anticipate attacks of "morning sickness" among the latter sex, as of this particular variety of stomatitis; and, in what follows, we are therefore to declare, and to keep in view the essential characteristics afore-named.

III. Symptoms.—These may be very properly classed into local and general.

1. Of the *Local* symptoms.—These phenomena of the

Stomatitis Materna are not subject to a regular order of development, but vary with each particular example of the disease. Their more general approach, however, is as follows: The patient calls attention to a burning or scalding sensation in the mouth, which sensation is greatly aggravated by the taking of warm, or even by cold drinks, and by efforts to masticate her food. Upon inspection, the physician remarks a fiery, red look of the mouth, which redness is found to exist either in patches, or diffused more or less continuously over the whole buccal surface. Sometimes this eruption is isolated, presenting the appearance of ulcerate tuberculæ of the size of a pea, less or more. Again the aforesaid patches attain the diameter of a quarter of a dollar, when they may degenerate into ragged and indolent ulcers, thus constituting the worst examples of the disease which are to be met with, and which frequently spring of a chronic neglect, or from that still more deplorable cause—a dyscrasia induced by drugs that have been ignorantly prescribed for their removal.

With this local inflammation, whether it be diffused or isolated, deep-seated or superficial, there are other symptoms which are equally characteristic. Among these there will be found a marked pallor of the surface, resembling chlorosis; a sad and dejected expression of countenance; soft, flabby muscles, while the rotundity of the form remains as in health; anorexia, pyrosis, and other disorders of digestion; a profuse flow of saliva; the tongue is red and smooth; cutting colicky pains from the simplest ingesta; alternations of constipation and diarrhœa; strangury, with strong and scalding urine, which is acid to test-paper; palpitation, especially troublesome at night; the secretions are generally normal, the skin soft, but without any sensible perspiration; and, if during lactation, a decided sympathy between the child and its parent, whereby it is discovered to have inherited thus early, some of her more immediate and palpable frailties.

Chronic cases are likely to be accompanied by a diarrhœa, which is chargeable to an extension of the specific inflam-

mation to the middle and inferior portions of the alimentary mucous membrame. This symptom is frequently a very perplexing one, as well on account of the increased emaciation and debility which it occasions the general system, as because of its intractable nature, as shown in its alternating with the mouth symptoms, being better when they are worse, and *vice versa.*

In these examples it is not unusual to discover that all the mucous membranes lining the different interior surfaces of the body partake of this inflammation. Thus the inner coats of the larynx, the trachea, and of the lungs, of the pharynx, œsophagus, and of the whole alimentary tract, as well as of the vagina, urethra, &c., &c., are sometimes found to be either separately, or universally involved. Hence there results great disturbances of function, nutrition, &c.; for the destruction of the epithelial scales which marks the invasion of this disease upon local surfaces, interferes very materially with the healthy condition and requirements of those organs which are indirectly but more seriously implicated.

The foregoing symptoms are liable to so frequent modification both in the order of their succession and their severity, that authors have fancifully described some three to five distinct varieties of the nursing sore-mouth, for which classification, practically speaking, there would appear to be no real necessity. In order, however, the more fully to comprehend the significance and value of those symptoms as displaying the nature of this disease, and as indicating its proper therapeutics, we shall consider a few of them separately

(*a.*) Of the *buccal* symptoms.—These are the primary and more palpable symptoms of the Stomatitis Materna. There is very little question, however, but that these local phenomena are symptomatic of a more profound disturbance of the general organism; and that, properly speaking, we are to regard them as the certain evidence of some such original disorder. Examples are not wanting in which this disease is believed to have pursued a latent course in the system, during which interval, for a greater or less period of time prior to

the development of these symptoms, it has sapped the strength and impaired the functional processes of the economy.

Indeed there is every reason to believe that those cases of digestive and assimilative disorder, incident to utero-gestation, which distress and harass the patient exceedingly while carrying the fœtus, and which, subsequent to her confinement, will not unfrequently result in a manifestation of the above local symptoms, are to be referred solely to the existence of a latent stomatitis from the beginning. These examples are perhaps as infrequent as they are invincible, but in the practical experience of those physicians whose opinions are of value, the remark will hold good that it is only through a close and careful study that we may come to appreciate the worth of this class of symptoms, as affording us an index at once to their pathology and treatment.

The peculiar characters which such symptoms present are found to vary with the severity and duration of the complaint. In very mild cases the eruption assumes more of an erythematous appearance, being diffused in patches over the sides of the tongue, and of the cheeks. Or it may consist of small vesicles resembling the Apthæ Adultorum of some writers, which vesicles ultimately degenerate into more or or less troublesome centres of infection, each showing at its base a hardened and whitish colored ring. These indurations terminate either by cicatrization or ulceration. To this form of the complaint the name of Follicular Stomatitis has been given, for the reason that the peculiar eruption finds its more frequent seat in the mucous follicles of the mouth.

In the more aggravated examples, these apthæ upon bursting are very prone to ulceration, especially if the system has been previously depraved in any very considerable degree. They may have located themselves on the sides or the upper surface of the tongue, upon its frænum, or upon the exterior and anterior surfaces of the gums, the cheeks, or elsewhere, and are painful in proportion to the rawness of the surface exposed, and to the depth of the ulceration itself. In a few very severe cases these ulcerations are reputed to have grown very deep, even to the bone, it is said.

Generally speaking, this crop of vesicles and ulcers has a duration of a week to ten days or longer, when they disappear, sometimes very suddenly, leaving the patient with the consoling reflection of restored health. Soon, however, they re-appear, and thus keep coming and going to the mutual annoyance of the physician and patient, or until the former has happily succeeded in ridding her entirely of this troublesome and intractable malady.

As a rule, the more sudden the cicatrization and disappearance of this variety of local symptoms, the greater the reason to suspect a more serious constitutional sympathy, and to anticipate such untoward results as might arise from their sudden metastasis to some neighboring surface or surfaces. The worst cases are those which the professional tyro would be prone to declare the most readily healed by medical and especially by local measures. Hence the significant inference that in our treatment, the most prudent course does not always lie in the direction of efforts made to resolve away the local disturbance and suffering, but in keeping an eye also to the liability of their translation, as well as to their safer and more permanent relief through the employment of constitutional, and more strictly curative means.

(*b.*) Of the *dyspeptic* complications.—These symptoms almost invariably take the initiative among those which mark the existence of this variety of stomatitis. This is so literally true that they might with greater propriety be styled the primary symptoms, while those which we have already enumerated should take rank as essentially secondary.

In the writer's experience, symptoms of a more or less troublesome indigestion have been among the earliest and most reliable tokens of an incipient sore-mouth. We have seldom witnessed an example of this disease, during maternal lactation, which had not been previously characterized by epigastric uneasiness, anorexia, pyrosis, &c., &c. There are exceptions to the above rule, however, in which we shall find these symptoms are developed, only when the existence of stomatitis is confirmed by the appearance of the peculiar

eruption upon the buccal or lingual surfaces. Indeed, there may be such a thing as the sore-mouth running its course without any very decided sympathy of the stomach therewith, but such cases are believed to be rarely met with, as well as necessarily of a very mild nature.

Various reasons have been assigned in explanation of the occurrence of indigestion in this disorder, the more prominent o which consists in the interruption of mastication and deglutition, because of the mouth and throat being involved in the peculiar inflammation. Another has its origin in a transfer of this local disorder to the stomach itself; while a third depends upon the improper character of the food which is chosen. It will, of course, be of considerable importance therapeutically to determine in a given case, which of these or of other causes is the one in question, and how we shall set about forming a correct diagnosis of their more obvious morbid consequences.

(*c.*) Of the *urinary* symptoms.—After calling the attention of the physician to the local suffering in the mouth, it frequently happens the patient will voluntarily confess to a troublesome strangury, with considerable smarting and scalding of the urinary passages, either during, or immediately after micturition. These symptoms may have anticipated both the sore-throat and the diarrhœa. Where they are less promptly acknowledged, we shall find upon enquiry that they do really exist.

Testing this excretion will discover it to exhibit an acid re-action, a symptom reputed by some authorities as pathognomonic. Its specific gravity will, in most cases, vary from 1024 to 1030. The acid which is found in excess is the uric acid, or one or another of its salts—the urates of ammonia, soda, &c. Its presence is referred by physiologists to an absorption of certain protein bodies, furnished the system beyond its more immediate necessities.

(*d.*) *Diarrhœa.*—It will be readily conceded that among the numerous morbid sequelæ of pregnancy there are few more troublesome symptoms than an inveterate diarrhœa.

Especially is this true among patients of a scrofulous or consumptive diathesis. It is this latter class which is most liable to developments of this sort, during attacks of the nursing sore mouth. Hence it is important to be on the alert for such a symptom, which, while it complicates the case, will almost certainly contribute to augment its danger. The diarrhœa may either anticipate or succeed the mouth symptoms already enumerated. Most frequently, however, it will be found to alternate with them in severity, a fact which is significant of a metastasis of the peculiar irritation from the oral, to the intestinal mucous membrane.

Where disorders of digestion or assimilation have preceded the more obvious signs of this affection, we can readily conceive a fit condition of the bowels for the advent of an early and troublesome diarrhœa. Sometimes the local inflammation which may have disturbed the stomach in the outset will have been translated to the lower section of the intestinal tube, thus relieving the former, by so much as it increases the abnormality of function in the latter.

In the great majority of examples of the Stomatitis Materna, this symptom will be present. To the old school physician it constitutes the chief source of alarm, as indeed it is the principal cause for a noted mortality under his administration. If it be borne in mind, however, that the diarrhœa which accompanies this variety of the stomatitis, constitutes but a symptom of that disorder; that its essential pathology is analagous to that of the buccal erythema or eruption: its capability of metastasis, or of dangerous modification by harsh measures, and of relief by mild and specific means; there is no real necessity that we conclude it an unfortunate complication, or elect it as a drain to the strength and support of the economy at large. One's increased security under the guidance of the homœopathic law, as compared with the hap-hazard routine of the old school, is not more gratefully manifest in any other condition of any other disease, than in the one under present consideration. And, it is just here that some of our best cures are performed. We speak as an

Allopath who has had occasion to remark, and to confirm the truth of the assertion made, that, for this single disorder, there is nothing in the therapeutics of the opposite school which will compare, in point of efficiency, with the specific appliances of the homœopathic method.

2. Of the *General* symptoms.—These are for the most part such as imply a debility which is more or less extreme. The more prominent of this order of constitutional phenomena is the anœmia. In well-marked examples this symptom is seldom wanting. The patient wears a hue of the complexion which is less waxy and clear than in chlorosis, and with more of the sallow and cadaverous shade in it, than is common to almost any other among ordinary diseases. To one familiar with this tint, there is something peculiar, and which he will recognize at first sight.

The causes of the depraved condition of the blood, which is responsible for this, as well as the remaining constitutional symptoms, have been already enumerated and it is therefore unnecessary to repeat them in this connection. Excepting the anœmia, it is sufficient to refer the general phenomena of the nursing sore-mouth to the effect of local irritation and suffering, super-added to a cachexia which borders upon the scrofulous, and of which certain morbid symptoms are the most natural fruits. Such physiological perversions of function and of structure are found, however, to be more readily analyzed than ameliorated, and we accordingly pass to the more important divisions of our subject.

IV. Diagnosis.—The peculiar circumstances in which the patient is found—*enciente*, or in one or another of the stages of recovery from confinement, with the characteristic local symptoms afore-named, will leave but little room for doubt in the diagnosis of the malady.

V. Prognosis.—As the result of a somewhat extended experience in the practice of the Medical Profession, as well as of a wide correspondence with the Fraternity, your Committee cannot conclude this to be a fatal malady, under homœopathic treatment. Not one of the brethren appealed

to has reported a single death from this disease—always excepting, however, their previous experience as old-school physicians. Many of them, as is doubtless true of a majority of the members of the Institute, have succeeded in curing cases which have been abandoned by physicians of a different persuasion, and which if left to themselves or to the influence of mistaken advisers, would certainly have succumbed.

In brief, your Committee cannot agree with the sentiment of the following extract, from a report upon this disease, which was presented to the Illinois Medical Society (Allopathic) two years since. The writer, says, that "on the score of its *fatality*, this disease clearly has claims equal to any known to the profession in the Western part of the United States."

In respect of its fatality, our experience may have been as peculiar as it has been satisfactory in its results to the patient; but, omitting the details, it certainly establishes the fact of the curability of the Stomatitis Materna by homœopathic measures. We can conceive of examples in which, by reason of their chronic and inveterate nature, or of a complication of its phenomena with the toxical effects of drugs upon a previously depraved condition of system, the prognosis might be unfavorable; but it is morally certain that, under this new and more successful method of treatment, such a decision is rarely called for in any other class of cases.

We apprehend, however, that in many examples of this disease where physicians have been led to pronounce a generally unfavorable prognosis, it has happened that they have confounded the symptoms present with those which characterize the aphthæ of advanced phthisis.

The idiopathic sore-mouth of nursing women is not, therefore, a necessarily mortal affection.

VI. Treatment.—This is of three kinds—Constitutional, Local, and Dietetic.

1. Of the *Constitutional* treatment. This division of the subject is based upon a proper selection of the true homœopathic *similiar*, which is appropriate to the relief of the more prominent and characteristic symptoms to be met with in each

individual case. There are various remedies which have been recommended as entitled to the rank of *specific*, by those in whose hands they have been most successfully employed. We shall name these in the order of their importauce, paus ing only to specify a few of their peculiar pathogenetic features, and confirming their value as best we may by clinical evidences and indications of a practical nature. The first order is the—

Arsenicum album.—The Arsenicum appears in general to be best suited to those examples of the Stomatitis which are to be met with in malarious districts. A majority of these cases are supposed to result from the combined influence of the miasm and of Quinine or other drugs, which are calculated greatly to disorder the healthy nutritive processes of the economy.

Dr. Wm. B. Murch, of Macon City, Mo., after many years experience, considers it a leading indication for this remedy in the nursing of sore-mouth, when this disease occurs in families residing in a malarious district, where the water which is drunk is more or less stagnant, and impregnated with the epidemic causes which are common to such an atmosphere. These causes are marked by a depraved condition of system which is analogus to Typhus, and it is to their relief that Arsenicum appears peculiarly adapted.

Dr. M. views this agent as being still the more strongly indicated in case-the local eruption is *vesicular* in character. In debility, with considerable digestive disorder, he alternates the Arsenicum with small doses of Belloc's charcoal, and has has never lost a case. He employs the former in a low attenuation.

Dr. D. T. Brown, of Milwaukie, recommends the Ars. in cases marked by a very considerable dryness and inflammation of the buccal mucous surfaces. Occasionally, where the patient has been greatly exhausted and enfeebled, he has witnessed the best effects from preceding the employment of Ars. by a few doses of the Carbo-vegetabilis.

Dr. W. C. Barker, of Waukegan, Ill., extols the use of

Ars.[6], given in alternation with Sulphur[6], once in four hours, in those examples of the nursing of sore-mouth, which are characterized by a very slight and almost imperceptible odor of the breath, along with considerable prostration of the general system.

These hints subtracted from the correspondence of experienced physicians, would seem to indicate those general features of the S. Materna which demand the use of this agent. It were superfluous to detail the more intimate pathogenetic characteristics of the Arsenicum, since these are already the property of the profession, and in the treatment of particular cases, have necessarily become matters of the most familiar reference.

Belladonna.—Dr. R. B. Clark, of Racine, Wis., records the radical cure of an inveterate example of the nursing sore-mouth by the employment of this one remedy alone. The *sixth* attenuation was the one chosen. The case had been abandoned as hopeless by several allopathic physicians, and the cure is undoubtedly authentic.

Calcarea Carbonica.—Where we have reason to believe that disorders of digestion in pregnant, or lying-in women, are due to a Stomatitis which may be either latent, or, perhaps, have so already localized itself that we may remark its real nature; and these symptoms are present in a scrofulous or consumptive habit of body; accompanied by an inveterate diarrhœa, which fails to respond to other remedies, we may sometimes prescribe the Calc. carb. with the most happy results. Indeed there are some cases which, in the experience of your Committee, it would seem almost impossible to cure without it.

These examples are marked by such symptoms as the following:—Great dryness of the mouth and tongue, with a sense of roughness and stinging; a dry, bitter, sour or metallic taste of the mouth; great aversion to boiled food and to meats in particular; inclination to salt diet, or to at such forbidden articles as pickles, dirt, chalk, slate-pencils, &c.; strong and unconquerable desire to sleep after dinner or tea;

nausea, with acid eructations; vomiting of ingesta; profuse, colliquative diarrhœa, the stools being sometimes quite undigested; faintness, with swooning, after stool, or exercise; a sudden metastasis of the eruption from the mouth to the alimentary mucous membranes; acidity of the urine, with burning in urethra during micturition, &c., &c.

In cases also where it appears desirable to impress the child's system through that of the parent—the mouth and the contiguous mucous surfaces being considerably involved in the diseased action, we may find the Calc. carb. of very great service. We employ it in the third decimal trituration repeated thrice daily.

Mercurius.—The Mercurius has proved very beneficial in certain varieties of this disease. The form to which it seems best adapted is that in which the eruption has assumed the character of ulcers, which, in their nature, are more or less corroding and destructive to the adjacent tissues—the S. Ulcerosa of the older writers. In curing the most inveterate examples of this peculiar species of the nursing sore mouth, some of our brethren have been remarkably successful. With them, the Merc. vivus appears to have become the favorite preparation.

Dr. Barker recommends that the third attenuation of this latter be given in alternation with Sulph.[4] once in four hours, where the corroding tendency of the ulcers is manifest, and the breath is characterized by a very offensive, putrefactive odor.

Dr. Brown regards a profuse secretion of saliva in this disease as indicating the Mercurius.

We have employed the Merc. iodatus[3], in the S. Ulcerosa, where there was reason to suspect a syphilitic taint of system. For kindred complications, the Merc. prœcip. rub.[3], might also be of essential service.

Nitric acid.—This has doubtless been the most popular remedy in use by Homœopathists in this disease. It has been given in every conceivable manner, under almost every variety of indication, and with results surpassing those which have been recorded of any other constitutional remedy.

Dr. M. Troyer, of Peoria, Ill., has witnessed the best effects from the raw Nitric acid administered in water thrice daily. He has treated more cases of this disease during the last winter (1859—'60) than for twelve years before.

Prof. N. F. Cooke of Chicago, has the utmost confidence in this acid. He, however, considers some examples of the disease to be essentially *parasitical;* and, for these, regards this remedy as almost a specific.

Dr. R. B. Clarke is in the habit of employing this agent in very many cases, and "would scarcely know how to get on successfully without it."

Additional testimony might be adduced in favor of Nitric acid as among the most promising means of relief for this disease, and your Committee could enumerate examples and evidence in confirmation of its clinical and pathogenetic resources, but want of time and space forbid.

Nux vomica.—In its very incipiency, and especially in cases where this disease is first manifest through perverse disorders of the nutritive system, we have administered the Nux vomica with the best possible effect. After the appearance of the eruption in the mouth, but more particularly after the advent of the diarrhœic symptoms, if they be at all serious, we recommend its discontinuance.

We frequently prescribe the Nux vom.[3] in alternation with Calc. carb.[3], a dose every two hours.

Rhus toxicodendron.—Dr. Davies has succeeded in some obstinate cases by the application of a trituration of the Rhus tox., and an internal use of the attenuations of the same remedy.. He triturates the berries of this plant with *Sacc. lactis*, in the proportion of one berry to ten grains of the sugar, and applies the powder, moistened, through the medium of a thin linen cloth.

Sulphuric acid.—In the experience of your Committee, this is an invaluable remedy for the Stomatitis Materna. We have certainly witnessed the most satisfactory results from its employment. In one example, in which two of our most prominent Allopaths had treated a lady for two months, and

told her that she must wean her child, and that it would take her at least a year to recover her health, three visits and a fortnight's use of the Sulph. acid' in water, effected a radical cure, and that without weaning the infant, or the employment of any local application whatever.

Our habit is to put twenty-five drops of the second attenuation in half a glass of water, of which two tea-spoonfuls are to be taken once in three hours.

Veronica baccaburga.—Dr N. F. Prentice, of Freeport, Ill., has employed this remedy and with the most marked success during the last three or four years. In a letter to the writer, he says:—"Formerly I had a great deal of trouble in the treatment of this disease, and of sore-mouth in children, but during the above-named interval I have used the Veronica (empirically it is true, for I have but a very few provings of it,) almost exclusively, and with universal success. I have been in the habit of giving it internally in the first decimal attenuation, and of applying it locally to the mouth in the proportion of ten to thirty drops in two fluid-ounces of soft water. When they are indicated, I use other remedies in alternation with Veronica."

2. Of the *local* treatment.—As might be anticipated, "Doctors will differ" upon this point of practical enquiry. It must suffice to say, in this connection, that in their treatment of this disease, the majority of Physicians, with whom your Committee has corresponded, prefer constitutional to local measures. A few, however, present the claims of some particular topical application, in the strongest possible light. Of these we may mention the following:—

Dr. Wm. Curran, of Hannibal, Mo., recommends the local employment of the Butternut oil (*oleum juglandis*), which he assures us has remarkable virtues in healing this disorder.

Dr. J. B. Tallcott, of St. Joseph, Mo., extols the Chlorate of Potassa with Glycerine, as composing an excellent wash for the buccal eruption.

Dr. Murch employs the Golden Seal (*Frasera Caroliniensis*). He recommends to gargle the mouth well with an in-

fusion of this substance, thrice daily. In case of severe ulcers of the oral mucous membrane, he applies the powder directly to the diseased surface. The infusion forms an excellent application to the mother's nipple, when it is surrounded with little vesicles, and has become almost too tender for the child to nurse the breast at all.

Dr. Barker has the greatest confidence in frequent rinsings of the mouth with *simple cold water.*

The mischievous results of local treatment already hinted at, are best avoided either by neglecting all such measures whatever, or by employing only those which we are positive can produce none but a specific effect upon the eruption, healing it without harm to other surfaces or to the system at large. With these latter qualifications, we opine that certain local appliances may sometimes be used with advantage.

3. Of the *dietetic* treatment.—This is properly divided into that which concerns the mother, and that which is proper for the child.

(*a.*) Of the *mother's* diet.—Without spending time upon the various speculations and theories which have been advanced and supported by superior minds in the profession, your Committee would declare the conviction that the most important item in reference to this subject, and one which should constantly be borne in mind, is that the diet of the patient must be as *nutritious as possible.* It should consist of an admixture of vegetable and animal food, taking especial pains to omit neither the one nor the other variety of aliment. We have witnessed the best of results from a rich diet of beef tea, or oyster soup, with good, dry, mealy potatoes, and some vegetable acid,—as afforded by baked apples, oranges or a weak lemonade. These latter we almost never deny the patient, and have invariably found them to be as really beneficial as they were grateful to her. The idea that, because she craves these acids, and would perhaps eat of them to excess if allowed, it is therefore best to deny their enjoyment at all, is a cruel relic of the ancient *regime.* The hint which Nature throws out in such a case, we may always

find it safe to adopt; and we shall soon be led to remark that at least nine-tenths of the examples of nursing sore-mouth which are to be met with, like the Scorbutus, demand an extra supply of vegetable acid, in one form or another.

(*b.*) Of the *diet for the child.*—It was at one time recommended indiscriminately, that the infant be taken from the breast immediately upon the advent of this disease. But the opinion of our best modern physicians is adverse to this proceeding, where it can possibly be avoided. As a rule, it is not necessary to wean the child. We have never ordered it; and, unless the mother were weak and emaciated, with so great a lack of vitality, as at once to impair her power of re-action from the violence of the disease, and of furnishing her offspring a support at all commensurate with its necessities, we could not feel justified in making so unnatural a prescription.

VI.

MEDICAL ETHICS,

BY W. WILLIAMSON, M. D.,

OF PHILADELPHIA.

The duties of a physician are various as well as numerous. To him belongs not only the office of prescribing medicine for the sick, but the direction and application of the best means of preserving health and of preventing disease.

The good and evil arising from his actions may affect the health, the reputation and the morals of his patients through life; and hence, seriously influence the happiness of the community in which he labors.

In order to fully meet his responsibilities, the qualifications of a physician should be as various and numerous as are the duties which he is required to perform. He should be well educated in medicine and kindred branches of science, and by his familiarity with authors be enabled to bring to his aid, the learning and experience of his predecessors and compeers in the execution of his duties to the sick; and by success in practice, and an upright course of life, endeavor to sustain the dignity of his profession. Around his character should cluster the moral virtues which have ever distinguished the great and the good. He should be in the habit of exercising feelings of kindness towards all men, and of sympathising with every species of human suffering. His mind should be

characterized by intelligence, reflection and decision. He should have a well formed physical frame, with the full use of all his members, so that he may be able to perform all the duties, and undergo all the labors incident to his profession. And his mind should be as free from eccentricities as his body is from deformities.

The relations which patients and physicians bear to each other, and the existence of mutual obligations between them, render it expedient to have a code of ethics for the regulation of their intercourse.

The obligations which bind a physician, take precedence in the following order, viz. :—

Firstly. *His Duty to the Sick.*

Secondly. *His Obligations to the Community.*

Thirdly. *His Duties to the Profession.*

And in the discharge of these several duties he is under the further obligation of maintaining a suitable regard for himself and his own family.

The existence of sickness among men first led to the necessity of medical treatment, and in the course of time the present relation of patient and practitioner has been established. By an easy and very reasonable inference, we arrive at the conclusion that the profession of medicine was instituted for the benefit of the sick, and not for the sole benefit of the physician. If a practitioner obstinately adheres to an antiquated mode of practice, after a more successful one has been initiated, from professional pride or an imaginary duty to the profession, he mistakes his highest duty, and if he sacrifices his patients to his passion for what is old, or his hatred of what is new, he commits an act of great moral turpitude.

On taking charge of a case of disease, the physician assumes the responsibility connected with the treatment, and virtually asserts that he is qualified to direct the course best adapted to the good of the patient, and obligates himself to make the exertions necessary for his restoration.

And the patient by submitting himself to the care of a physician, implies confidence in his judgment, virtually pro-

mises obedience to his directions, and lays himself under obligation to compensate the physician for his services.

If the physician is not qualified for his position, neglects or refuses to make all necessary efforts to secure the best interests of his patient, he renders himself liable to a discharge and cuts off his right to complain.

If a patient refuses to follow the appropriate directions of his physician, the physician is thereby relieved of the responsibility of the case, and if after reasonable and becoming expostulation, the patient persists in his course of refusal, the physician may abandon the case without incurring censure or relinquishing his right to compensation for services already rendered. If the patient dismisses the practitioner when he himself is in fault, he does injustice to the physician and renders himself liable to be charged at the highest rates known to the profession.

There is no responsibility or duty incumbent on the physician but what implies a corresponding obligation on the part of the patient. The professional skill and exertions of the physician are the proper offsets to the submission and pecuniary compensation from the patient. The obligations being mutual, one is just as firmly bound, and for the same length of time as the other; the obligations, however, may be cancelled at any time by mutual consent, without reproach to either party, provided it be done with ordinary politeness. It is manifestly the duty of a physician always to deal frankly and truthfully with his patients.

A physician is in honor bound to keep inviolate all secrets of patients and families, and in cases requiring secresy on the part of the physician patient is under the obligation to be respectful and to pay his bill.

Of Consultations.—When a consultation is agreed upon between the attending physician and the family, and either may make the proposition, it is customary, if the family proposes the consultation, for the physician to ask whom they would prefer; and if a physician is named, who is not acceptable to the one in attendance, he may either state his objec-

tions and ask for another or give up the case. If the family refer the selection to the physician, he should propose one from whom he would be likely to get the kind of assistance that would most benefit the patient, and whose moral and professional standing in the community would enable him to share the responsibility without reproach.

The consulting physician has the right to set the hour of meeting. When the physicians meet, the attending physician should acquaint the consulting physician with the patient's name, position in the family, give a short history of the case, and state any unusual circumstances that may be connected with it, before going into the sick room. The attending physician should then invite the consulting physician to see the patient, and lead the way; enter the room first and, if necessary, introduce his colleague to the patient and members of the family present. The patient, if conscious, should always be apprised of the intended visit of a consulting physician before he enters the room. The attending physician, if it be a case of ordinary sickness, should examine the patient in the presence of the consulting physician, he sitting a little more retired from the patient than the attending physician; and afterwards, if the consulting physician wishes to ask additional questions, it is proper that he should ask them, and re-examine the patient upon points on which his mind is not clear from the examination of the attending physician. But he should avoid all attempts at display of superior skill or tact, to the disparagement of the attending physician. If the case be a disease of the uterus or one of any other character requiring an internal and more delicate examination by the touch or sight, the attending physician should waive his right to a first examination from feelings of delicacy towards the patient, and as being unnecessary on account of his having fully examined the patient at a previous visit. On leaving the sick room the consulting physician should take leave of the patient and family, and hold no communication with them afterwards, except in the presence of the attending physician, and then only to answer such questions as courtesy obliges

him to do, and in accordance with the conclusions agreed upon in consultation.

If the opinion of the consulting physician on any question connected with the case should be asked before leaving the sick room previous to the consultation, he should decline answering by politely saying the Doctor and he would talk over the matter and report the result of their deliberations. On retiring to a private room for consultation, the attending physician should first give his views of the case and relate the treatment thus far pursued. After a free interchange of views and a full consideration of the symptoms and indications, it is the duty of the consulting physician to propose the remedies and indicate the future treatment, but the treatment may be modified by suggestions from the attending physician.

Mutual concessions often tend to the good of the patient, which is always to be preferred to a rigid adherence to the professional etiquette of doctors. The prescription, the diet and the entire direction of the management of the patient, after being agreed upon in consultation, should be left to the care of the attending physician.

If the consulting physician cannot be reconciled to the previous management of the case and the probable future conduct of the attending physician, he may retire from the case without prescribing, without reproach to his professional character. And if the attending physician cannot be reconciled to the conduct or course proposed by the consulting physician, he may retire from the case in like manner; but the consulting physician must also retire from the case, or compromise his professional standing. After both have retired, the family may exercise their choice and send for either of them or for another physician, who may take the patient without reproach or giving cause of complaint.

If the subject of consultation be a lady in labor, and instruments be required to be used, it is the province of the consulting physician to use them, unless he chooses to decline in favor of the attending physician, but the offer to operate should always be made to the consulting physician. If the

case be one of surgery and an operation be deemed necessary the same course of etiquette should be observed as recommended in the case of labor.

A surgeon, accoucheur, or physician may invite one or more of his colleagues to visit an interesting case of disease, or to witness an operation without giving them the vantage ground of consulting practitioners.

In case of failure to meet at the appointed hour, the physician who arrives first should wait for the other a reasonable length of time before proceeding. If the one first arriving be the attending physician, after waiting a sufficient period, he should see the patient, prescribe and leave as he would on the occasion of an ordinary visit.

But if the consulting physician be the first to arrive, and the attending physician should fail to come in a reasonable time after the appointed hour, the consulting physician should not see the patient, except in case of emergency, or when it would put him to great inconvenience on account of distance and professional engagements to see the patient again. In case he sees the patient and prescribes, his opinion and prescription should be left for his colleague in writing and under seal. If a second consultation be desired, the consulting physician may fix the hour and the family inform the attending physician when he arrives.

The course of treatment agreed upon in consultation should be continued for the specified time by the attending physician, unless an unexpected change in the symptoms should require an alteration, and in that case the consulting physician should be fully informed of the change at the next meeting. If the attending physician should be out of the way, and the condition of the patient change for the worse, if the consulting physician be called on in the emergency, he may prescribe in like manner and relate his treatment at the next meeting.

Punctuality should be strictly observed by physicians in their time of meeting for consultation, as the habitual neglect of promptness to the appointed hour is liable to be construed into a mark of disrespect to the associate who is up to time.

In case of irreconcilable difficulty in regard to the disease or its treatment, between the attending and consulting physicians, a third practitioner may be called in as umpire, or a statement of the circumstance of a disagreement may be submitted to the patient and his friends, and they may make choice of the one who shall conduct the treatment in future, and the other be expected to politely retire.

While the consulting physician is bound by a sense of justice to observe an upright and honorable course towards the attending physician, and sustain him in his views and treatment so far as he can consistently, with a just consideration for the rights of the patient and the credit of the profession, he is not under obligations to conceal or endorse errors that result from gross ignorance or wilful neglect.

A frequent cause of the contempt and reproach which has been heaped upon the medical profession, is the dead weight which the fraternity have had to carry of unqualified practitioners, and the censure which belongs justly to their ungentlemanly conduct and bad medical practice.

As homœopathic physicians, it becomes us to be more guarded in future, than some of us have been in time past, how we extend the right hand of fellowship to strolling practitioners, with or without credentials, however plausible their pretensions may be. And practitioners in good standing should be careful not to give letters of general recommendation to unworthy men, nor bestow unmerited praise upon men of doubtful character in their letters of introduction.

It is becoming in the younger members of the profession to pay some respect to the seniority of older members, and it is the duty of the older members to protect, as far as they can, worthy junior members from unmerited attacks upon their reputation and professional standing.

When making clinical reports of cases for publication, it is clearly a duty of the physician to state "the truth, the whole truth, *and nothing but the truth.*"

I is unprofessional for a physician to conceal his mode of using efficient remedies; to prescribe secret remedies; to hold

a patent for any surgical instrument, medicine or appliances used by the profession; to receive any percentage on his prescriptions, beyond his regular professional fee, and a fair equivalent for what he himself supplies. It is, also, unprofessional for a physician to advertise in the newspapers, or by hand-bills, to cause the publication of newspaper puffs of operations and cures; and to invite laymen to witness operations or autopsies for the purpose of obtaining professional notoriety.

Physicians in good standing should not give certificates of the efficiency of patent medicines or secret remedies.

Vicarious Offices.—If a physician wishes to absent himself for a limited period, from the field of his labor, for some necessary purpose, and requests the favor of his fellow-practitioners to take charge of his practice for the time, professional etiquette suggests the propriety of compliance with the request; and, in the performance of the services, scrupulous regard should be paid to the interest and professional character of the absentee; and on his return a specific account of the services should be rendered, and the pecuniary obligations handed over to him. Similar acts of courtesy are usual among physicians when one is incidentally out of the way or detained by professional engagements, and another is called in case of an emergency; except in cases of obstetrics and where important surgical operations are required; then it is customary to award all the fees to the officiating physician. But I think a more equitable adjustment of the matter would be to divide the fees equally between the one who officiates at the time, and the one who performs the after attendance. But if a physician frequently absents himself and without justifiable cause, or neglects his practice, his compeers are not under obligation to perform vicarious offices for him, but are at liberty to attend his patients, and charge for their services, especially in new cases, as they do their own patients.

For the preservation of harmony in the profession, and for the purpose of avoiding frequent causes of misapprehensions between physicians, and the misrepresentations of patients, it

is expedient for every practitioner to observe a course of strict neutrality in his intercourse with the patients and friends of other practitioners. Let no affected solicitude for their welfare be manifested, no innuendo spoken, nor any act be performed by which the interest or reputation of a fellow-practitioner can be impaired. The visits of a physician, as a friend or a neighbor are decidedly improper, even when asked for, to the patients of other physicians, or to their families in time of sickness. If the professional advice of any physician beside the one in attendance be desired, he should be regularly called in consultation.

In cases of sudden illness and accident, it frequently happens that several physicians are sent for, simultaneously by different members of the family or their friends. It is customary and proper in such cases for the physician that arrives first to take charge of the patient. If there be a family physician he should be sent for, and on his arrival, professional courtesy requires that the first in attendance should surrender the case into his hands.

Nevertheless, the patient has a right to select his medical attendant from those present, and the one so selected may take charge of the case without being censurable for the act.

One physician may be called to the patient of another on account of sudden change or aggravation of symptoms. In such cases it is proper for him to prescribe in the emergency, but only until the physician in attendance can be obtained and to take no further charge unless called in consultation.

When one physician is called to see the patient of another, during his absence or sickness, common courtesy requires that he should inform the patient when the family physician returns or recovers, and surrender the case into his hands.

Physicians are sometimes sent for to see patients under the treatment of other physicians, without their knowledge or consent, for the purpose either of getting the opinion or advice of the one so called in, without the knowledge of the physician in attendance, or of unceremoniously discharging him at the next visit. The act of giving an opinion or pre-

scription under such circumstances, is a gross violation of professional etiquette. Equally flagrant is it a breach of etiquette for a physician to tell a patient he will prescribe for him if his present medical attendant be discharged, or in any other way to procure the discharge of another practitioner and take charge of the patient himself. The offence is the same, whether the attending physician be a homœopathic or an allopathic practitioner.

In all intercourse of physicians with each other and the patients of each other, the golden rule should be strictly observed,—"do as you would be done by."

Fees, Charges, &c.—The fees received by physicians from patients, must to a great extent continue to be a private arrangement between the parties; but something may be done to prevent the misunderstandings that sometimes occur about pecuniary matters, by the adoption of a fee bill. To be satisfactory in its operations, the bill must be placed on a platform of justice to both parties interested; and the amount charged for specified services must bear some relation to the expensiveness of living and the facilities for doing business in the district of its adoption, and the prosperity of the inhabitants.

Hence, the same bill is not applicable to every locality The value of the services and manner of rendering them will always affect the estimate placed on them, and regulate the willingness of patients to pay. Exhorbitant charges for unimportant services, pompously rendered, will not meet with cheerful responses from sensible people. Physicians may adopt fee bills, but public opinion and usage generally settles the price that is paid for medical services. I think the junior members of the profession, with small practice, generally place an erroneous estimate on fee bills, so far as their own interests are concerned. For whatever value they may set upon their services, the community are apt to weigh professional commodities in their own balance, and purchase by their own standard.

Attempt to equalize the price of the services of the phy-

sician as much as you will, the man who pays for an article will exercise the prerogative of choice of whom he will purchase—one may make price the standard, and another will choose by the quality. Many families that have selected physicians according to price, have found that a good physician and a reliable man is not only more acceptable, but in the long run the cheapest, without regard to the amount of his charges. The state of the market will generally fix the price of the commodities that are for sale, and so will the wants of the community, and honorable and healthy competition, settle the current value of the services of a physician, without the aid of fee bills. As a general thing, physicians in large practice do not adhere to the rates agreed upon; and physicians with little practice are tempted to increase the amount of their bills by rendering more services than are really needful, and thus either oppress or displease their patients.

Can a homœopathic and an allopathic practitioner consistenly consult together in cases of disease?

Yes, unquestionably:—so far as an opinion of a case is concerned, and in cases of surgery and midwifery where manual assistance only is necessary. But it is neither proper or consistent for a homœopath to call in an allopath for consultation, and continue the treatment under his directions; neither is it proper or consistent for a homœopath to accept an invitation to meet an allopath in consultation, and institute a course of homœopathic treatment to be carried out under the directions of the allopath, as attending physician.

Every properly qualified and initiated member of the profession is under obligations to be courteous to every other respectable member, without reference to the medical doctrines he may hold. And I think it is a mark of weakness and illiberality for physicians of any school to wish to rupture the social bonds of patients and families on account of differences of opinion about the treatment of disease.

It is customary for physicians to attend each other, and their families, when called upon, without fee, or reward.

VII.

APIS IN ALBUMINURIA,

BY B. F. JOSLIN, M. D.,

NEW YORK.

It is only within a few years, and under homœopathic treatment, that this disease has begun to be regarded as curable. It has been called "Bright's disease," from the name of the late physician who first specially called the attention of the profession to albuminous urine, as connected with degeneration of the kidneys and to the fatal dropsy which ensued.

My plan is to state the symptoms, so far as time allowed their record at the hours of prescribing, and such extracts from the provings, of at least the principal remedy, as show the extent to which it is here clinically confirmed, and how far the prescriptions were in accordance with the homœopathic law. I have seen no demonstration of special rank among symptoms of the Materia Medica, independent of their relative verification and their similitude to the case or malady. Who is prepared to give one, illustrated by provings and practice?

The dilutions and intervals are stated, from a conviction that uniformity in regard to them must ultimately be effected, if at all, by clinical experience. There are agents which, in

large doses, are pernicious in the very diseases in which they are specific.*

Case I.—A New York Merchant of abstemious and exemplary habits, began to manifest the characteristic symptoms of this formidable malady at the age of thirty-three, in November, 1857. On the 13th of this month, the urine was examined by heat and nitric acid: either occasioned a brownish white precipitate, which occupied one-fifth of the test-tube, when this had been previously filled with the liquid. What led to this examination of the urine, was an anasarcous tendency most manifest in the feet.

Some months earlier, he had spent the nights at his country seat in a malarious district, and after removing to the city was attacked with intermittent fever, from which he had recovered under Bry.^{30}, a month previous to the time when the present attack of albuminuria was identified.

After the dropsical symptoms began to appear, the patient was treated for a month with Bell., Sulph., China, Arsenicum, Bryonia and Pulsatilla, with but partial and transient relief from either. About half this time he was at a distance, and the medicine sent by mail. A week before the end of November he wrote, that the clothes which he usually buttoned around his waist could no longer be made to meet; and on the 25th of the same month, that the feet, legs, and abdomen were becoming more distended; breathing difficult when ascending and when lying on the left side.

The apprehension of an accumulation in the cavity of the peritoneum, which these communications would naturally excite, was in a few days enhanced into conviction by the personal examination, of which the patient's return afforded an opportunity.

The *ascites* was evidently progressing in spite of the medicines employed. For this reason as well as for the absence

* Some who have used only low dilutions of Mercury in *Diphtheria*, have found it hurtful. In my practice there have been a dozen cases, all of which have recovered. Merc. 6, 12 or 30 has been chiefly relied on. Lach. and Bell. according to the symptoms, have also been valuable. I have not resorted to any combination of Iodine.

of the patient during half this time, a greater amount of definite and practical information can be communicated within a given compass, by confining myself to the history of the case under the effectual medicine next selected.

December 13th. The face pale and yellowish; the abdomen much distended, and the pressure of the liquid, especially against the diaphragm, rendered the respiration laborious. No œdema of the abdomen, but it had pervaded the whole subcutaneous areolar tissue of the inferior extremities, feet legs and thighs; urine reddish brown, and after standing turbid; cough in the morning.

The following symptoms, which are present in this case, have, according to Dr. Hering, been produced by Apis mellifica:—

Paleness of the face; abdomen full, swollen; with swollen feet and scanty secretion of urine; scanty, highly coloured urine; cough in the morning; breathing difficult.* Apis mel.[3] in water, every four hours.†

14th. Circumference of abdomen increased in one day by three-fourths of an inch under Apis[3]. Another effect of its primary or pathogenetic action, was a general aching through the head, which was a very unusual symptom with him, and was probably caused by the medicine.

The redness of the urine was a little lighter and the quantity somwhat increased. These last appear to be secondary or curative effects. Apis[3] f℥ ii. every two hours.

15th. Heaviness at the stomach after meals.

The therapeutic symptoms are:—A general improvement in his feelings; a reduction of half an inch in circumference; urine less brown and not so turbid on standing. 5 Apis[3] to be taking evening and morning, in ounce doses of the aqueous solution.

17th. Circumference diminished half an inch in last two

* The Provings of Apis I shall quote chiefly from the translation in the "British Journal of Homœopathy," vol. xi.

p † Where the dose is not stated, it is always f℥ ii of a solution or a few wellets dry. The medicine dissolved is in small globules and in one gill of ater, unless otherwise stated.

days. Apis mel. $_{1}^{1}_{6}$, gtt. iij. in one ounce of water to make four doses; a quarter of it is to be given evening and morning.

19th. Stationary as to size under these doses. No change in circumference as compared with the 17th; feels better except as to cough. 8 Apis $_{1}^{1}_{6}$, gtt. iv. in one gill of water. Dose f ℥ ss three per diem.*

I requested a specimen of the urine to be sent me for examination, and on testing it with heat and nitric acid, found the bulk of the albumen to be only one-twelfth that of the urine. The reader may perceive that the ratio had been more than twice as great, and, can believe it probably still greater near the height of the dropsy when Apis was commenced.

Dr. Joslin, jr., in examining the urine on the 19th with the microscope, "found tubes and epithelium, also, mucous and blood corpuscles, the latter having the characteristic appearance of rings. On adding acetic acid the granular appearance of many of the mucous globules was apparent. The blood corpusles appeared diminished in size and irregular."

21st. Visited the patient after five doses of Apis $_{1}^{1}_{6}$, and found his ascites decidedly improved; the circumference of the abdomen reduced by one inch, *i. e.*, to thirty-one and one-eighth inches; walks with less inconvenience; cough pains the abdomen in some degree; urine somewhat, but not greatly increased. Apis[3] three times a-day.

24th. Improving decidedly as to ascites under Apis[3]; the circumference of the abdomen reduced to thirty and one-eighth inches, *i.e.*, by one inch. Apis[3] in same manner as last.

* This mode of distinguishing all dilutions between 0 and 1, by a fractional expression, is exact and consistent, and avoids the confusion with which some are endeavouring to undermine and deform homœopathic notation by the occasional use of the decimal scale. The fractional figure in the line is a factor, agreeably to mathematical usage; small figures above the line are on the same authority exponents, unity the 1-100 implied in the fractional exponent being suppressed for the sake of convenience. Regarded in this sense, both the factor and exponent express the part of the original drug contained in the preparation. An integer before the name of the medicine and in the same line with it, is also a factor and expresses the number of doses; as we never concentrate the medicine, and as the figure expressing its density is after, not before it. All this promotes convenience, brevity and exactness, and avoides the prevalent error of giving what are really indices, (figures which denote powers) the magnitude and situation universally accorded in the exact sciences, to multiplying numbers of factors.

28th. In the last four days under Apis[8], the circumference of the abdomen was reduced to twenty nine and seven-eighth inches, which I regarded in his case normal, and subsequently made no further measurements. I believe that there was no longer any sensible accumulation of fluid in the cavity of the peritonœum. There was no dyspnœa or other signs of dropsy in the abdomen, nor was there afterward any apparent change in its magnitude.

The patient had cough, which pained the chest and shocked the head. Expectoration sweetish and tasteless. No disease could be detected in the chest by percussion or auscultation. There was a slight redness of the velum palati.

In the same four days there had been commenced a decided improvement in the œdema of the inferior extremities; that of the thighs was entirely removed, but it remained in the legs and feet. Medicine discontinued.

31st. Improving decidedly under the secondary action of Apis[8]; feet much reduced; abdomen and thighs continued normal; cough rather better. Apis[12], solution three times a-day. From this period the patient being able to walk to my office, was no longer visited at his house.

On the 2nd of January, 1858, Dr. J., jr., records in relation to this case;—"Received a specimen which contained albumen as shown by heat and nit.-ac. tests."

January 7th, 1858. The improvement of the œdema continues to take place under Apis[12]; complete absorption effected in the upper half of the legs, and considerable reduction in the size of the feet; cough also better. 10 Apis[12] in solution, evening and morning.

The patient did not call again under thirteen days.

20th. Cough almost gone; dropsy gone except a very little between the ankle and calf; strength and flesh much increased. 10 Apis[30] evening and morning, in solution; then wait half a week, then the same medicine to be repeated in the same dilution and in a similar manner.

28th. Called before or at the commencement of the second solution of Apis[30]. *Dropsy entirely cured;* cough and deep

inspiration occasion shooting in one side of chest. Bry.[12] solution four times a-day.

February 1st. Face rather pale; rheumatic pains gone; but cough remains, it pains chest and sometimes through to back; expectoration sweet; upper part of throat feels sore; urine brown, depositing after standing a red sediment; had a chill in the evening, a day and a half previous; has usually had perspiration at night for two months, of which I had not been previously informed.

In the pathogenesis of Mercurius we find this colour of the face; approximate concomitants of the cough, *i. e.*, cough with pain in chest and small of back; brown urine, depositing a sediment; a chill in the evening and disposition to sweat at night. Merc. v.[30] solution.

He called again on the 23rd, on returning after a trip to Savannah, Ga., made with my consent. Had more colour in face; urine clearer; cough better; expectoration of disagreeable taste in the morning, during most of the day sweetish. Sore feeling in throat continues, and cough is caused by a tickling there. Some palpitation as well as dyspnœa is excited by ascending a hill or a flight of stairs.

As results of the provings of Nitric acid, we find:—Sore-throat when swallowing, as if the throat were swollen, raw, and ulcerated; soreness of the pharynx; clear urine, at other times brown, at others dark, becoming turbid; titillation and soreness of the throat with cough, want of breath and palpitation of the heart when going up-stairs. Nitric acid[1000].

I am unable to state the number of doses, whether one or more. I limit myself to the records made at the several times of prescribing, both in regard to medicines and symptoms.

The symptoms remaining on February 23rd, were removed under Nit. ad.[1000]. No prescription was made for the patient after this day.

On the 13th of April, 1858, the urine was tested and found to be free from albumen. The patient's health seemed to be good in every respect, and no prescription was made or needed.

Dr. J., jr., made the following record:—" April 13th,

received this morning a specimen of urine of normal colour. Added Nit. ac. without any apparent effect; then applied heat to the specimen to which Nit. ac. had been added, no effect except the usual deepening of colour was produced; could not detect albumen. Two or three weeks ago, I received a specimen which I was unable to examine until it had stood some ten or twelve days; I could not ascertain that it contained any albumen."

The cure was complete and permanent, as I have the means of knowing by being still the physician to the family of this gentleman, and having frequent opportunities of meeting him in relation to its other members. His own health appears to be still good after the lapse of two years.

No pathologist will doubt that the ascites and the œdema were caused by albuminuria; and as the dropsy was at its maximum under the first prescription of Apis, and disappeared before the last and without any other medicine, it is sufficiently evident that the cure of the albuminuria, as well as of hydropic affection, was affected by its agency.

Case II.—On the 19th of December, 1858, I was called to visit a little girl five years of age, daughter of a captain in the navy. There was some swelling of the face; aching at umbilicus, worse in the morning; stool dark brown and offensive; urine red and turbid; a little cough; pulse frequent, 112, then at five, p.m.; fever reported to be more at night. Merc. v.[16] in solution three times a-day.

Dec. 24th. Face œdematous, legs still more; fluent coryza; tongue red at tip; appetite deficient this morning, voracious previously; vomiting of mucus, with red specks; the abdomen swollen by effusion into the cavity of the peritoneum, but not œdematous; urination infrequent; urine scanty and fœtid; hoarseness; fœtor of breath.

The provings of Apis show that the following symptoms, which belong to this case, have been produced by it:—swelling of the face; tongue red at tip; want of appetite; vomiting; pains in the abdomen; scanty urine; hoarseness; cough which ceases when the least quantity is detached; pulse

frequent; abdomen full, with swollen feet and scanty secretion of urine; heat with cough. Gave Apis mellif.^{12} in solution every four hours, and procured a sample of the urine for examination.

Albumen was found to be present in a remarkable quantity, for the white precipitate *had half the bulk* of the urine, whether acted on by heat or acid.

27th. Visited about noon. Face rather pale; tip of tongue red; appetite voracious; more dropsical swelling of abdomen and thighs, and in general the dropsy increased; circumference of abdomen twenty-four inches; urine scanty; sleepiness, more after meals; pulse rapid, 120. Apis^{6}, some pellets in a gill of water. Dose, two drachms; interval not stated, probably three hours. Sleepiness is an Apis symptom.

29th. Constipation removed; bowels now rather loose.

The following are the effects of Apis, in this case, which we may regard as therapeutic:—Thighs rather less bloated; urination more frequent—three times at night, a gill each; breath less fœtid; pulse reduced to 104 in the erect posture of the patient, 99 when she is seated. The following seem to be morbid or pathogenetic effects:—Aggravation of fluent coryza and of hoarseness; circumference of abdomen increased by two inches, that is to twenty-six inches; at night dyspnœa and restlessness; other symptoms unchanged. As the urine was previously much less than normal, and still not in excess, the increase is to be regarded as a curative effect, although the ascites had advanced faster under Apis^{6} than in any equal time previously. The alvine effects being of a mixed character, are not included in either class. Apis^{6} three drops in a gill of water, two drachms every three hours.

31st. When two days under Apis^{6}, was visited near one o'clock and found decidedly improved as to the dropsy, and cured of albuminuria. Circumference of abdomen one inch and three-fourths less than on the 29th; thighs, legs, and feet, less swollen; the urine presented one new and remarkable feature which I had never witnessed in this or any other case,—it was of a redish *violet* colour. On being tested by

heat and nitric acid, it was found to be entirely free from albumen, and none was subsequently seen. Three copious alvine evacuations occurred on the preceding day; sleep better. Apis[3] + [1], 3h., *i. e.*, Apis[3] extemporaneously diluted a hundred fold, given once in three hours.

January 2nd, 1859. The patient much improved; the swelling of thighs, legs, and feet, decidedly less; circumference of the abdomen reduced half an inch; the colour of the urine *violet* red; no albumen. Pellets of Apis[12] in water, once in four hours.

5th. The urine has less of the violet tinge; the circumference of the abdomen has been reduced one and a quarter inches in three days under Apis[12] and appears normal; no sensible bloating in the limbs or other parts; the dropsy appears to be cured under Apis. Pellets of Apis[30] in water, evening and morning for five days.

The history of this case is finished so far as regards dropsy and albuminuria. But it will be more satisfactory to follow the record to the establishment of permanent health.

A week later, on the 12th, had slight diarrhœa preceded on the morning of the previous day by colic. 4 Ars.[200] twice a week.

Nine days subsequently, I was called to visit this patient, who, after over-exertion and eating mince-pie, had an attack of pain in the stomach and fever at night. Pupils slightly dilated; the urine reddish brown and turbid; heat produced reddish brown deposit; nitric acid the same; both about one-eighth of the urine; a slighter deposit spontaneous; the microscope shows it to be *uric acid.*

In five days the urine had become normal and the fever nearly absent. Lach.[200] evening and morning for five days.

A week afterward had another attack of indigestion and consequent vomiting, fever and thirst, after eating oysters. The following symptoms producible by Calcarea were present: —Blueness under eyes; face yellowish and pale; fondness for salt; indigestion; pain in stomach; colic; red urine; yellowish skin and emaciation. 6 Calc.[12] in water, morning and evening.

Four days after this, on February 4th, 1859, the patient required no medicine.

In eight days from the last date, the little girl, in consequence of taking cold from playing in the snow, had the following Lachesis symptoms: — Face sallow; urine has lately been brown and turbid, but is now normal; fever; and cough which pains the stomach. Lach.[30] *pro re nata.*

The cure was permanent; the patient required no other medicine, and her health, for the year past, has been unusually good.

Recapitulation and Remarks.–In case I., the ascites decidedly increased in the first day under Apis[3], then diminished by a greater amount on the next under the same. No change in size of abdomen in two days under Apis $\frac{1}{10}$; in the next two, under the same, decidedly reduced; and by the same amount in the next three under Apis[3]. Under this last, continued four days longer, the ascites was by another slighter reduction removed, and the dropsy of the inferior extremities decidedly reduced, that of the thighs gone. In the three succeeding days, much reduction of swelling, especially in the feet, under the prolonged action of the Apis[3] previously given. In the following week the improvement continued under Apis[12], the upper half of the legs becoming normal and the feet reduced. In the next thirteen days, under the same, a great improvement in general strength and flesh, and limitation of effusion to the lower part of the legs, where only a very small quantity remained. In eight days more, the œdema entirely removed under Apis[30]. Two years have elapsed and neither the encysted nor cellular dropsy have in any degree returned.

In case II., in which the urine was half albumen, the dropsy increased in three days under Apis[10]; in the next two days, under Apis[6], the peritoneal dropsy increased with a rapidity unprecedented in the case, whilst a little improvement occurred in the thighs and more in the urinary secretion. Two days afterward under Apis[3], the albumen was found to have entirely disappeared, the ascites to be greatly, and the

œdema of the whole inferior limbs decidedly reduced, and the urine to present a remarkable violet hue. In the next two days under Apis[8] diluted a hundred fold, Apis[8] + [1], the ascites slightly, and the œdema decidedly reduced, the albuminuria remaining cured. In four days under Apis[12], the ascites and the dropsy of cellular tissue were entirely removed. Some tinge of violet was observed in the urine till after the action of Apis[30] but no dropsical symptom nor any evidence of albuminuria has since appeared in the year that has elapsed.

The morbid conditions which were *common* to the above cases and removed by Apis, were;—The albuminous character and scanty secretion of the urine, with the encysted dropsy in the cavity of the peritoneum and the œdematous swelling of the inferior extremities. The magnitude of the doses employed for these, was from the twentieth to the decillionth of a drop.

The following remarks are in relation to the bearing, which the above cases have upon the efficacy of Apis.

First: These are the only cases of albuminuria in which I have employed this medicine; they are therefore not, in any objectionable sense select.

Secondly: The period that has elapsed since their treatment, the easy circumstances of both families and my subsequent connexion with them to the present time, have given opportunity for learning the permanence of the cures.

Finally: There being no abnormal increase of the secretion of urine under its action, afforded a reason for presuming that this was specific and permanent, and not merely palliative and transient, like that of diuretics. If any one should resort to it on this mechanical principle and without reference to its symptoms, he would probably be disappointed, at least in his final result

VIII.

HOMŒOPATHIC NOTATION,

BY B. FINCKE, M. D.,

BROOKLYN, N. Y.

"*Qui bene distinguit, bene curat.*"

Homœopathy, under difficulties, is quietly but surely attaining the dignity of a science built upon exact observations and correct deductions. With the multiplication of the observations made, increases the want of registration. This want is already felt and appreciated in relation to our Materia Medica Pura, and we have already valuable contributions to meet it, by manuals, repertories, repositories, &c. But the observations also greatly multiply in posology, regarding the preparation and administration of homœopathic remedies.

Hahnemann invented an entirely new and complete system of potentizing the drugs, which, before him, were administered in a crude state only. He lived to see other preparations after his system tried by his followers, and being careful to ensure exactness of observation and experiment as the foundation of posology, he advised all physicians to make use of his thirtieth potency only, which contained, as he believed, all requisites of a remedium.

This advice, sound as it was, could not prevent the fresh and vigorous sons of Hippocrates from trying and examining many modes of potentization, and on various plans; and we

have at the present day a great many more different preparations of homœopathic remedies, than at the outset.

All of these preparations, which are properly called potencies, were before unknown to the world and are still unknown to the other schools of medicine, especially to the allopathic school, which by a bold anachronism is called the *old* school. They still adhere to their coarse doses of crude matter, to mere dietetic treatment, to the celebrated methodus expectativa or to a dangerous nihilism.

Homœopathy alone, after having won the law of similitude as the principle of cure, created potencies out of crude matter, refined the drug into subtile doses, developed the medical properties of matter, making them assimilable and thus specifically curative; it thus taught, practically, how to cure with the least possible dose, unconsciously but surely applying the general law of the least quantity of action (minimis maxima), which was discovered and mathematically established by Maupertuis.

This movement is one of constant progression. For already thousands of physicians are at work extending their observations in all directions.

Now every homœopathic physician, administering his own or sombody else's remedies, is necessarily in the habit of denoting them in some way or other for his own purposes, excepting, to be just, the editor of the *Allgemeine Homœopathische Zeitung* of Leipzig, who purposely omits the number of potencies administered whenever they are high potencies.

Thus every practitioner applies some individual notation, either in his journal, or on his corks and labels, or in his publications, and the result is a motley variegated mass of different notations, which generally have very little in common, but leave the reader in doubt as to which remedy or preparation was administered. Dr. B. F. Joslin, in *The American Homœopathic Review*, very properly stigmatises the want of exactness in this department of our science.

Under these circumstances it is obvious, how desirable,

useful, valuable and even necessary, it is to have some certain uniform notation, and hence I propose to discuss the question, how such a notation can be established for homœopathic posology.

Every science works out its own methods and among them its own notation, as a means of concentrating and making available the observations accumulated by experiment and correct deductions.

In the same manner, posology has to work out its own method and notation, and the basis for this, as well as its subject is furnished by the facts which Homœopathy has observed for half a century.

Let us now consider what has already been accomplished in this direction.

HISTORICAL SKETCH OF HOMŒOPATHIC NOTATION.

HAHNEMANN denoted the drugs he employed, in the beginning, by their popular, and afterwards, by their scientific names, writing them out. In the course of time, these names came to be abbreviated more or less uniformly, and thus they are in common use at the present day, *e. g.*, Acon., Bell., Ferr. m., Nux v., Op., Rhus t., Zinc. m., &c.

For the designation of his first three triturations or dilutions, and the succeeding dilutions, including the fourth one by alcohol and water mixed in equal parts, Hahnemann adopted Roman and Arabic cyphers, noting as follows:—

The	First trituration or dilution	. . .	= $\overline{^{100}\mathrm{I}}$.
	Second „ „	. . .	= $\overline{^{10000}\mathrm{I}}$.
	Third „ „	. . .	= $\overline{\mathrm{I}}$.
	Fourth dilution	. . . . .	= $\overline{\mathrm{I}\frac{1}{1}}$.
	Fifth „	. . . . .	= $\overline{\mathrm{I}\frac{2}{1}}$.
	Sixth „	. . . . .	= $\overline{\mathrm{II}}$.
	and so on as far as		
	Thirtieth „	. . . . .	= $\overline{\mathrm{X}}$.

all of which he called dynamizations. He mentions that some express the degrees of dynamizations merely by the exponents of the power, as the third, sixth, ninth, tenth, twenty-ninth, and thirtieth dynamization.

Hahnemann also prepared high potencies, sixty, one hundred and sixty, two hundred, and probably higher, but their preparation is not known. There is no particular notation.

The times and duration of the triturations, and the number and character of succussions applied in the dilutions, were not marked by him in every instance. We only know that in the commencement of his career, he applied ten or more succussions by hand, in later years two and in the end again ten.

Hahnemann's globules were of the size of about two hundred to a grain, saturated with the potency and administered in powders containing Sacch lact., Gr. ii. to iii., but he did not signify this in every case.

Where he gave one globule, he noted it down in so many words; "ein Kuegelchen," *i. e.*, one globule. To indicate that it was one globule (two hundred to Gr. i.) of a certain potency, he placed a degree sign in the right upper corner of the potency number, *e. g.*, X°. To indicate that he prepared a new potency from a given one, he put a degree sign in parenthesis on the line with a small cypher above, *e. g.*, Merc. v. (°), which means the second potency prepared out of one globule of a given dynamization. Whenever he made a preparation on the spot, he described its elements in detail by words and figures. Blank powders containing the amount of sugar of milk before stated, were denoted by him by the sign §.

His mode of administering the dose by smell, was to put a globule of a high potency, or what he called dynamization, into an empty vial and have it applied to the nostrils, in later time he put a globule into a vial containing about ʒss of common spirits of wine, and had it applied to the nostrils for one or two moments. This smelling dose he described in so many words.

As to the mode of taking the medicines, Hahnemann gave his directions in full.

Aegidi had a mode of giving the dose in watery solution at short intervals which was adopted and extended by Hahnemann, who strongly urged the importance of succussing every such temporary preparation; but there is as yet no peculiar notation for it.

Korsakoff invented two new modes of potentization, differing from that of Hahnemann not in principle but in practice, and both approved by Hahnemann in express terms.

The first one is a simplification of the diluting process; he took a ℥ss vial, filled it with one hundred drops of melted snow-water or of spring water, put a drop of the tinctura fortis or Gr. i. of the respective trituration to it, gave it two succussions with the hand, poured it out and emptied the vial with another strong succussion, so that only one drop remained in it; this he used for the next dilution, which he prepared by a repetition of the same process. He proceeded in this manner as far as the fifteen hundredth dilution of Sulphur. For the potencies on this plan, which might be called *Dilutions on the remaining drop*, and have been also prepared and carried up by Petters, Guenther, Gruner, Mueller, Lehrman, Fincke and others, Korsakoff used Hahnemann's notation by Roman cyphers.

Korsakoff's second invention was an entirely new mode of potentizing by communicating medical properties to an indifferent body without the medium of a liquid, without trituration, without commixtion, nay without division of matter. He took one medicated globule of the thirtieth, or any other potency, put it into a vial containing thirteen thousand five hundred unmedicated globules, shook them together for five minutes, and thus perfected the potentization. These remedies, which in order to distinguish them from trituration, and dilution potencies, might be called *Contact Potencies*, received no special notation by their author.

Mueller, of Liegnitz, contends that he operated with the remaining drop, taking alcohol as a vehicle, four years before

Korsakoff's operation was published, but he gave no distinct notation for these potencies.

Hering potentized upon the remaining drop in the primeval forests of America some years before Korsakoff, in Russia, hit upon the same happy expedient. His scale, however, was 2 : 100, when he used water, because in his vial, containing one hundred drops of water, two drops were left after emptying it. For smaller vials he took the scale of 1 : 50. He also proposed to prepare serial potencies in the ratio of 1 : 1, 1 : 10, 1 : 50, 1 : 1000 and this was in a measure taken up afterwards by many Homœopathists, as Jenichen, Roth, Streintz, and the so-called specific school, who adopted the decimal scale which was since discarded by Hering himself.

Some of Hering's remedies were shaken by a saw-mill for many hours.

Hering's notation is like that of Hahnemann's. Yet he marked the number of high potencies by Arabic cyphers and added the sign ∴ to designate a large dose.

Hering also invented another preparation, that of impregnating strips of letter-paper with the tincture selected, and drying them in the shade. A pocket case, so arranged, containing all the usual remedies, in about one hundred doses each, did not weigh more than about ʒ ss. There is no peculiar notation for such preparation.

And to Hering we are also indebted for a movement, made as early as 1835, to introduce a uniform notation, in his Correspondenz Blatt.

Bœnninghausen is the author of Lehrmann's High Potencies 200, which he now always uses in one or two globules of the size of 200 to Gr. i. His denotation consists of a cypher indicating the successive number of doses where more than one is prescribed; then the name of the drug in the usual manner; then a fraction representing the quantity of globules and the potency,—the numerator being one or more degree signs for the globules, and the denominator being the number of the potency. It is to be supposed that his globules are given in Sacch. lac. Gr. ii. to iii. as by Hahnemann. His

mark for blank powders is the same as Hahnemann's with the successive dose number before them in Arabic cyphers. The direction is described in full at the end. Thus a prescription of Bœnninghausen reads as follows:—1. & 3. Phos. ac. $^{\bullet}|_{200}$, 2. Bell. $^{\bullet}|_{200}$, 4. §, one powder to be taken every twenty-four hours.

Starke, long before the name of High Potency made its appearance, prepared the 60. & 120. potency, no doubt centesimally on the Hahnemannian plan, and noted them in Arabic cyphers without particulars.

Gross pretended to be the father of the *Jenichen* High Potencies which exhibit very high numbers from 200 upwards to 40,000. Hering, however, states that his millesimal scale was taken up by Jenichen independently of Gross, who afterwards disavowed his own pretension.

There is a discrepancy in relation to the actual process by which *Jenichen* effected his potentization. Gross states, that Jenichen did it with alcohol, without using a single drop of water. Rentsch, on the other hand, the literary and pharmaceutical executor of Jenichen, states that he used alcohol of 70 — 80° R., to the potencies 200 — 800; to the potencies of Phosphor. as far as 1600; to Sepia as far as 1600; to Arsen. and Sulph. as far as 2000, but to the higher potencies however, from 800 upwards, he used water out of the "Landsee" of Schwerin, which is like crystal.

In regard to the scale, Hering states, that Jenichen was led by Hering's proposed scale of 1 : 1000, to adopt the ratio of a very small quantity of drug to a large quantity of vehicle, reconciling the difference by powerful succussion, and that with his later remedies he allowed the medicinal fluid to evaporate, and potentized upon the residuum. This statement coincides with Rentsch's exposition delivered at the convention of the Homœopathic Central Verein in Leipzig, in 1851.

The size of the bottle upon his portrait in life-size, in the possession of Dr. Hering, which is declared to be an exact likeness, is 6½ inches long, 1⅝ inches in diameter at the bot-

tom and 1 inch in diameter at the neck, the neck gently sloping out of the bottle without a brim. The bottle is represented as a strong one and closed with a cork.

All other details about these efficacious remedies are as yet shrouded in mystery and probably will be so for ever. Their notation presents only Arabic cyphers without expressing any details, *e. g.*, Ars. 40000.

Lentz prepared attenuations as high as 30,000 centesimally, with one hundred shakes each, on the Hahnemannian plan; and it does not appear, from his statements, whether he availed himself of the method of diluting on the remaining drop. His notation is merely that of the potency in Arabic cyphers, *e. g.*, Nux v. 4000.

Wuerzler triturated all his remedies as high as the twelfth potency on the centesimal scale and marked them as Hahnemann by Roman cyphers, *e. g.*, Lact. v. IV.

Du Manoir made triturations in the ratio of 1 : 9, working the first one for twelve, the second for six, and the third for three hours. He also triturated Merc. v. in the ratio of 20 : 20 for twelve hours, which he called a normal trituration. He made the second from the first by triturating for six hours in the ratio of 1 : 9; the third from the second by triturating for three hours in the same ratio; and the succeeding ones up to the twenty-fourth by trituration in the same ratio for one hour each. In later times he triturated one part of pure Mercury with three parts of sugar of milk for twelve hours with great effort, thus getting a normal trituration from which he then prepared other triturations in the ratio of 10 : 90, working the first for twelve, the second for six, the third for three hours, and every succeeding one up to the thirtieth for one hour. His notation is the Hahnemannian, sometimes adding the ratio, *e. g.*, Sep. I¼.

Meissner mixed one drop of a remedy with five hundred drops of pure water in ten periods with strong succussion at each period, the product being his first dilution on the 1 : 500 scale; he then potentized one drop of this dilution in the same manner, giving his second dilution, and so on until

he reached the sixth dilution, from which he took one drop and added it to one hundred drops of alcohol for therapeutical use. His notation consists of Arabic cyphers, *e.g.*, Acon. 6.

MURE triturated the drugs by his porphyry triturating-machine three times, diluted his third trituration in distilled water and produced his succeeding potencies likewise by dilution in distilled water, always exhausting each vial by an air-pump and shaking each potency by his catapult, which gave 35000 succussions to each. I find no scale nor any particular notation of his mentioned.

THE CENTRAL HOMŒOPATHIC PHARMACY OF LEIPZIG exposed several remedies of the thirtieth Hahnemannian potency to the motion of a steam saw-mill for ten hours, giving 96000 succussions to each. But no particular notation is given.

JEANES struck a new path for potentization by moistening globules with a strong tincture or saturated solution of the crude drug, adding one of them to one hundred drops and thus making his first dilution, which he marked A. This he shook for several days, then again moistened globules with his first dilution and added one of them to other one hundred drops, which made his second dilution marked B., and so on as far as M. and N. It is not stated whether he used alcohol, or how many globules were moistened each time.

This is a kind of preparation which for convenience might be called *Globule Dilution Potencies.*

ROELLINGK used a scale of two to three drops of the medicinal fluid to one hundred drops of absolute alcohol, and gave fifteen to sixteen manual succussions to each potency. His notation is that of Hahnemann.

LUX shook his vial with the hand, as long as it takes to count leisurely from one to thirty.

LUTZE gave at least eighty manual succussions to each potency as far as the thirtieth, which he always uses, and adopted the notation of Hahnemann (X.) with the following additions:—When giving medicinal and blank powders at the same time, he marks the number of powders with as many dots above as there are medicinal ones, *e.g.*, Nux v.

X ; $\overline{P}$, means: the first powder contains five globules of Nux v.^{30} in addition to some sugar of milk, and the other three nothing but sugar of milk. Nux v. X ; $\overline{P}$:—only the first two powders contain five globules of Nux v.^{30} each, the rest is blank. When using double remedies, he puts a + underneath and connects it all by an arc, *e. g.*, Acon. X. & + Bell. X.

Roth adopted for triturations Hering's scale of 1 : 50 and triturated with white cane sugar on account of its solubility in water, but mentions no particular notation.

Joslin employs a notation in which the size and location of the figures always retain the same significance which they have in the mathematical sciences. He expresses the portion of the crude drug contained in his preparations by an Arabic numeral placed after the name of the medicine. When this figure is a factor, it is placed in the line of the name, when an exponent, above it, and small. Thus, according to mathematics, $(\frac{1}{100})^0 = 1$; and 1 placed immediately after any word is simply a multiplier and does not change its quantity. Thus, Apis 1, or the tincture in its original state, equals Apis $(\frac{1}{100})^0$ = Apis^0, the $\frac{1}{100}$ being omitted for convenience.

Apis $\frac{1}{100}$, the first centesimal dilution, is expressed fully by Apis $(\frac{1}{100})^1$, or more briefly and conveniently by Apis^1. The centesimal scale is adopted. The decimal scale, which he disapproves, would require $\frac{1}{10}$ instead of $\frac{1}{100}$. In dilutions between the divisions of the centesimal scale, he places a vulgar fraction in the line after the name of the medicine:—thus, Apis $\frac{1}{15}$ signifies the tincture of Apis diluted with fifteen parts of alcohol, for convenience the same rule being applied to tinctures as to crude dry medicines. When a number of doses are given, he places an integer as a factor in the line, either before or after the name with its potency sign, with words or the usual symbols placed after the name and potency and expressive of the vehicle, intervals, quantity and other circumstances. When a watery solution already used, is still farther extemporaneously diluted with water a hundred fold, he puts $+^1$ after the index expressing the former po-

tency, *e. g.*, Apis^{3+1}. This is to distinguish it from Ápis^{4} prepared by the usual method.

To Joslin we are indebted for an essay on Notation of Homœopathic Medicines, published in the *Philadelphia Journal of Homœopathy*, Vol. 1. 1852.

THE AMERICAN HOMŒOPATHIC REVIEW and THE NORTH AMERICAN JOURNAL OF HOMŒOPATHY have adopted a method of placing the potency number like an exponent above the line in small Arabic figures, *e. g.*, Nux v.^{30}

THE UNITED STATES JOURNAL OF HOMŒOPATHY marks the potency number by Arabic cyphers upon the line, and adds the Hahnemannian degree sign above and behind it. This, however, does not seem to have the same meaning as with Hahnemann, as it appears by the prescription Lactic 6°, 1 gtt. (vol. i., p. 291.) They print the name of the remedy in Italics.

ROUX made the first eleven dilutions in the ratio of 1: 1000, and gave one hundred succussions to each. To the twelfth dilution he added one drop of the first. The succeeding dilutions he continued in the same ratio with one hundred succussions each, so that his thirteenth potency consisted of the 13 + 3, the fourteenth of the 14 + 4 and so on. He then on every *tenth* higher dilution (twenty-second, thirty-second, and forty-second) added one drop of the first dilution and thus continued in the adopted proportion, so that his thirty-second potency contains the 31 + 12 + 2, his forty-second the 42 + 32 + 22 + 12 + 2. In potentizing remedies which he considers comparatively indifferent in the lower potencies, as Lycop., he commenced adding one drop of the eleventh, not to the twelfth, but to his twenty-second dilution and then to every succeeding *tenth* higher dilution. His notation is by Arabic cyphers, *e. g.*, Acon. 22.

THE ALLGEMEINE HOMŒOPATHISCHE ZEITUNG, of Leipzig, generally notes by Arabic cyphers for the potency, usually omitting the quantity of the dose. When the preparations are high potencies, it suppresses their numbers and puts only in parenthesis (Hochp.). As to other particulars of the prescription, it gives them in so many words.

THE ARCHIV FUER HOMŒOPATHISCHE HEILKUNDE presents a great variety of notations for globule doses, which are better explained by examples than by description. We find the following : Ver. a. $\frac{\cdot}{X}$, Ars. $\frac{\cdot\cdot\cdot}{X}$, Bell. $\frac{\cdot\cdot\cdot\cdot\cdot\cdot}{X}$, Cupr. $^{\circ,\circ\circ}|_{X}$, Ver. a. $IV^{\circ\circ,\circ\circ\circ}$, Cupr. $X^{\circ,\circ\circ,\circ\circ\circ}$, Chin. VIII°, Zin. sulph. $\overline{30}$, Caust. $^{3\circ}_{2}$, Bell. $^{6\circ}_{2}$, Ver. a. $^{\circ\circ\circ}|_{X}$, Acon. $I^{\circ\circ\circ}$, Puls. 12^{222}, Bry. X^{2}, Ars. X6, Bry. $_{IV}^{6}$. This periodical often denotes the drops by their usual mark Gtt. with Roman cyphers for the number, and expresses the particulars by words and Arabic cyphers.

JAHR recommends the following notation for globules :— place the number of the globules as a numerator, the potency number as a denominator, and the successive dose number after their fractional figure, marking the succeeding blank powders by ♯, with the successive dose number at the end, *e. g.*, Aur. $_{1}^{3}$, No. 1. 3. 5. ♯ 2. 4. 6.

SMITH numbers his preparations centesimally, but prepares them according to the decimal scale, *i. e.*, with ten grains of the crude substance he triturates ninety grains of sugar of milk, which he signifies by the fraction $_{1}^{1}$. Ten grains of this preparation is again incorporated with ninety grains of sugar of milk, which is designated I., making the first Hahnemannian trituration, centesimal. In this way he makes six triturations of an hour each in preparing what is called the third trituration, which is as high as he carries his triturations generally. They are marked respectively $_{1}^{1}$, 1, 1½, 2, 2½, 3, expressed in fractions they would be $_{1}^{1}$, $_{1}^{1}$, $_{1}^{1}$, $_{1}^{1}$, $_{1}^{1}$, $_{1}^{1}$, $_{1}^{1}$. His dilutions are all made centesimally; from the tinctures, when the medicine is prepared in that form, or, as with the minerals, from the third trituration. They are all made by hand and receive four hundred succussions each. He has also prepared the two hundredth potency with alcohol, centesimally upon the remaining drop, and with four hundred succussions each, by hand. He uses Arabic cyphers for his notation as above stated. For the Tinctura fortis, the common sign ϕ is used. Sometimes, however, the strength of the tincture is expressed by a fract

ion, *e. g.*, Acon $\frac{1}{2}$, Cham. $\frac{1}{8}$, Nux vom. $\frac{1}{16}$, Thuja $\frac{1}{3}$. The fraction $\frac{1}{2}$ means that an equal quantity of alcohol is added to the expressed juice of the plant. The fractions $\frac{1}{8}$, $\frac{1}{16}$, $\frac{1}{20}$, signify that one part of the drug has been mixed with eight, sixteen, or twenty parts of alcohol (or alcohol and water as the case may be), which quantity is requisite to insure solution. The fraction $\frac{1}{3}$ is used to denote the mother tincture, whire the fresh plant is resinous; in which case it is first crushed and its weight of alcohol is added and afterwards expressed; this being the tincture.

Fincke has his own remedies prepared on various plans and in manifold combinations, some exactly after Hahnemann; some by trituration in the ratio of $\frac{1}{5}$: 50, for half an hour or more, and carried up by dilution upon the remaining drop with alcohol, or water of different kinds, in the volume of one hundred drops of alcohol; some with strong succussions by a steel-spring of certain dimensions giving powerful and complicated shocks; some with moderate manual succussion; some with a single jerk of the hand; some without any succussion at all; some from Du Manoir's normal trituration; some on a bimillesimal scale; some on a compound scale by dilution; some out of globules of dilution potencies by dry contact or out of single globules of a given potency (30) moistened in the ratio of Gtt. i. : Gr. X. centesimally, similar to Jeanes, and others; many of them having been subsequently exposed to the motion of the railroad and ship conveyance for about seventy days.

The notation which he has hitherto used for his potencies presents a fractional figure, the numerator meaning the number of globules administered (70 to Gr. i.), and the denominator indicating the number of the successive dilutions. The full history of each preparation is laid down in a special register, distinctly showing the elements of each potency in all particulars, and thus available for further experiments and new preparations.

Besides the preparations herein enumerated, there are no

doubt many others in use which have not as yet fallen under my observation.

As to the general deductions to be drawn from this sketch of what is historically known in the way of Homœopathic Notation, it is not within the scope of this paper to criticise the respective value of the preparations and notations referred to, but it is sufficient for the purpose to state that, as a matter of fact, they show no uniformity whatever.

Such uniformity, therefore, is still a *pium desiderium*, and I proceed to discuss what might be done in order to accomplish it.

REQUIREMENTS AND PRINCIPLES OF NOTATION IN GENERAL.

The object of notation, not being theoretical but eminently of a practical nature, it is first of all to be maintained that we do not want the old prescriptions, strictly speaking, but an accurate and convenient description of the remedy as it is administered. And in order to render that scientifically available, it must designate and present a true and complete picture of the remedy, of what it consists, how it is prepared, and how it is administered; for only then, and by knowing all that, shall we be enabled to make the necessary observations, collations and deductions, and to form a correct judgement about the medical properties and effects of the remedy in the given cases.

Notation is a system of signifying or representing things by marks, symbols, and signs. It is an epitome, an abbreviation of facts and things which actually occurred and were observed, concentrating the same into a compendious and visible shape.

In this view it is evident what a good notation should be, viz.:—

1. It should be correct, and exactly represent facts and things, without theoretical speculation or prejudices.

2. It should be clear and distinct, not liable to mistake by

employing signs already in use, having a different meaning in other sciences.

3. It should be convenient and short, as simple as the nature of the case will admit, and plainly signify what it means.

4. It should be comprehensive and perfectible, covering the observation already made and adapting itself to such as may be made hereafter.

5. It should have every part of the description in its appropriate place, so that each post can be distinctly read and understood separately.

6. It should have no different signs for one and the same thing.

7. It should introduce such signs as are already acknowledged in other sciences, with the same meaning as they have there.

MEANS FOR NOTATION.

The means by which any notation is to be effected are words, names, and abbreviations of the same; letters in different languages and types; figures or cyphers, Arabic and Roman; signs, marks and symbols.

All these different means are to be used and grouped, so as to give a clear designation for each particular kind of things or observations.

Especially such as have already obtained a practical use ought to be preserved, cultivated and developed.

REQUIREMENTS AND PRINCIPLES OF HOMŒOPATHIC NOTATION ESPECIALLY.

Now applying these general requirements and principles and means to homœopathic Posology and Therapeutics especially, we find what is needed for homœopathic notation in particular, by keeping in view its object, which is the exact description of the homœopathic remedy administered.

Homœopathic Notation embraces four distinct subjects, which might be called the *Elements of Notation*, namely, *Quality*, *Operation*, *Quantity* and *Modality*.

Quality relates to the substance of the remedy selected, as it comes from the physical world—the *Drug.*

Operation relates to the preparation of the drug, by which has been worked into the form in which it is administered —the *Potency.*

Quantity relates to the form in which the potency selected is administered—the *Dose.*

Modality relates to the mode and time, how and when the dose selected is administered—the *Direction.*

These four elements are the cardinal points of posological notation; therefore they should be signified or represented in all their bearings, and they will constitute the *Formula Medica Homœopathica.* For this notation, therefore, the general requirements, principles and means above considered, must find their application.

DETAILS OF HOMŒOPATHIC NOTATION.

I. Notation of the Drug.—For the designation of the remedy selected we require the proper name of its substance as adopted in the Materia Medica Pura. It is sufficient to write it by an abbreviation as already is the common practice. In no case, however, should the abbreviation be carried too far nor leave any doubt or occasion for confounding the names of other substances.

Neither should new names be introduced, nor old well-known ones exchanged merely for speculative and theoretical purposes, when the names are universally understood. It is not well to denote Tart. em. as Ant. tart., Tart. stib., Stib., &c., or Rheum as Rhab., or Alum. as Argill., &c.

The acids seem to be best designated according to the alphabetical order of their constituents and by putting the *ac.* after it, *e. g.*, Fluor. ac., Phos. ac., Nitr. ac., Mur. ac., Hydrocy. ac., Lact. ac., Butyr. ac., Benz. ac., Sulph. ac., &c.

When more than one remedy is given, either in succession or alternation with others, or blank powders, it is necessary to express this; it may be done by placing the number of the order, in which the remedies are to be taken, before the name

of the drugs as Bœnninghausen notes:—1 Acon., 2 Bell., 3 Merc. v., 1 & 3 Acon., 2 Bell., 1 & 3 Acon., 2 & 4 Bell.

II. Notation of the Potency.—We have already explained what we understand by the word Potency, and we have no occasion to go into any argument in regard to the theory of potentization, Notation having nothing to do with that, but simply to represent which potency has been given, no matter whether high or low.

For this purpose it has to signify how the remedy selected was prepared, and consequently has to express first the exact number of times it was subjected to the process of potentization. This can be done by putting the number in Arabic cyphers in the line, *e. g.*, Sulph. 1, Sulph. 30, Sulph. 200, Sulph. 5000, Sulph. 20000; and then the process of potentization by which the potency was obtained.

The *Elements of Potentization* are—

First: The *original form of the substance* subjected to the preparation, and out of which the potency is obtained.

Second: The *vehicle* by which the substance is potentized.

Third: The *scale* according to which it is potentized.

Fourth: The *modus procedendi* by which the potentization is performed.

All these elements of potentization constitute, as it were, the root of the potency, and might, therefore, be conveniently denoted by the mathematical sign $\sqrt{}$ with the line drawn above as far as the description of the elements extends.

1. Notation of the Original Form of the Substance Potentized.—We have here to denote, respectively, whether it is a so-called inorganic body, and in what particular preparation; whether it is an animal, alive or dead, or what part of it; whether it is a plant, in whole or in part, root, stem, bark, leaves, flower, fruit, seed, fresh or dry; whether made into an alcoholic powder or into tinctura fortis; what kind of alcohol, water, or mixture is used; whether cut up, pressed out and mixed or infused with alcohol or water, and in what proportions; whether triturated with a powdered vehicle; or whether the substance is a potency itself; or what else.

2. Notation of the Vehicle.—The medium by which the potentization is effected may be different in each case, and therefore demands a proper denotation, for which a general term is necessary. For the different kinds, viz.:—such as fluids (as alcohol, absolute alcohol, alcohol of a given strength, alcohol mixed with water in certain parts, water, distilled, rain, snow, river, well, spring water) it would serve to designate them by the symbols already in vogue, with little improvements, *e. g.*, ▽ ∽.

For solid vehicles, such as sugar of milk, coarse-powdered, the sign § already adopted may be generally retained and readily modified for the designation of other kinds, such as sugar of milk, fine-powdered; white cane sugar, fine or coarse-powdered, or in pieces, *e. g.*, § ℥.

When the vehicle consists of globules made of starch and sugar, the proportion will have to be signified together with the vehicle.

3. Notation of the Scale.—This most important element for discerning the properties of a potency, also calls for a symbol. Perhaps the mathematical sign of a perpendicular ⊥ might be serviceable.

The different scales have to be noted in such a manner as to read well together with the sign for the mode of the potentization.

Furthermore, we want special notations for Hahnemann's centesimal scale in triturations and dilutions; for Hering's decimal scale in triturations and dilutions, for his quinquagesimal, quingentesimal and millimesimal scales and for his anascale; for Korsakoff's centesimal scale for water, giving a greater volume to the same proportion of quantity; and for Fincke's scale for water in a volume equal to one hundred drops of alcohol, which avoids this disadvantage of the greater volume and approaches nearer to Hahnemann's centesimal; for Jeanes' scale in globule dilution; for Fincke's bimillesimal scale for contact potencies; for his compound scale where potencies are made out of single globules, medicated by Gtt. i.: Gr. X of globules of a centigrade dilution potency

(30) centesimally by water in the volume of one hundred drops of alcohol; for a mixed scale, where the triturations are decimal and the dilutions centesimal or in another proportion; for Roux's potency mixture scale, &c.

The notation of the scale requires to be shaped in such a manner as to adapt itself to new scales or proportions, as for instance, a phyllotactic scale, 0,382 : 0,618, which I would propose and earnestly recommend for trial and experiment, referring to Zeising's and Peirce's interesting labors.

Also we shall have to regard such cases, where potencies after a certain scale are made in quantities, exceeding the simple ratio of the scale and to express how often such proportion has been taken.

Lastly, a notation is desirable for the scale of medication and for the different modes of medication, as by thoroughly saturating the globules, or moistening them in the ratio of Gtt. i. of alcoholic tincture to Gr. X of unmedicated globules, or Gtt. i. of the watery tincture to Gr. 70, or otherwise.

4. Notation of the Modus Procedendi.—The modes of potentizing being various, distinct signs are required for each of them.

Thus for dry preparations by trituration, (perhaps the sign of a mortar, ◡ above which the number might be marked, $\overset{3}{◡}$); and by dry contact (perhaps the tangential sign, ⁊, placing the number above, $\frac{3}{3}$); and for fluid preparations, by dilution (perhaps the sign of a dot to be placed above the vehicle sign, for Hahnemann's dilution, $\bar{\nabla}$ ∴, and inside of the vehicle sign for dilution upon the remaining drop, ▽ ∴).

It is also necessary to signify whether the last dilution is made with one hundred drops of alcohol, or whether only one drop of alcohol is taken and added to the last watery dilution.

Moreover a sign is needed to denote whether and how much and what kind of succussion is used in preparing the potency (perhaps a symbol of striking ! to be accompanied by the number, and to be modified or specified according to the power by which the succussion was effected). And a certain sign will have to be contrived to denote tha there was no suc-

cussion at all applied. Besides all that a notation is demanded for extempore potentizations.

III. Notation of the Dose.—For the purpose of denoting the quantity in which the potency selected has been given, such as the number of grains, drops and globules, the old common notation for grains and drops recommends itself, and the same is equally applicable to globules (Gr. ii., Gtt. iii., Gl. i.). The size of the globules has to be indicated.

Where the dose is put up in powder of sugar, the Hahnemannian sign § is practicable, as it easily admits little modifications to designate whether it is of milk, or cane, or in pieces, and how much by the grain, *e. g.*, § § § § §. The number of powders has to be prefixed.

Where the dose is taken in a quantity of fluid, the common apothecary's weight and measure will apply as far as it goes.

IV. Notation of the Direction.—For the purpose of denoting the mode and time in which the dose selected is administered, it is essential to express whether it was alternately; or dry upon the tongue, or in water, of what kind, and how much; or by the gill, ounce, pint, tea-spoonful, table-spoonful, or in what proportion; or by olfaction, what nostril, how often and how long; or externally by washing or dressing; or in what other manner and what time of the day.

Also it would be advisable to notice whenever the dose is administered by the physician personally on the spot.

GROUPING OF THE ELEMENTS OF NOTATION.

As perspicuity and distinctness are most important requirements of a good notation, attention must be paid to the manner in which the several elements of the notation are put together, so as to read and write well:—*Ars concinnandi formulam medicam homœopathicam.*

For this purpose the order in which the elements of notation have herein been treated in their particulars, appears to be a convenient one for grouping them.

Accordingly the formula medica homœopathica would represent, first, the drug; secondly, the potency, with all its

given elements; thirdly, the dose; and finally, the direction.

The drug would stand by itself, *e. g.*, Acon., 1 Acon., 2 Bell., 3 Merc. v., or 1 Acon., 2 Bell., 3 Merc. v., 4 Bell., or 1 and 3 Acon., 2 and 4 Bell.

The potency would be indicated by the symbol $\sqrt{}$ and comprehended by the line above reaching over all the elements of the potency given, *e. g.*, Sulph. 20000 $\sqrt{1000 \text{ etc.}}$; and when it is a distinct preparation of a certain known maker, by placing his name in parenthesis after the number of the potency, *e. g.*, Aconit. 30 (Hahn.), Arsenic 40000 (Jen.), Sep. 400 (Lz.), Sulph. 20000 (F.)

The dose would be indicated by a comma, distinguishing it from the notation of the potency, and another comma at the end of its successive elements, separating the notation of the dose from that of the direction, *e. g.*, Sulph. 20000 $\sqrt{10000 \text{ etc.}}$, Gr.ii.

The direction would form the last group of the notation, *e. g.*, Sulph. 20000 $\sqrt{10000 \text{ etc}}$, Gl.ii, ♃.

IX.

GELSIMINUM SEMPERVIRUS.

BY L. M. KENYON, M.D.

BUFFALO, N. Y.

I offer the following case, as a clinical corroboration, of a fragmentary proving of the Gelseminum Sempervirus, as published in the AMERICAN HOMŒOPATHIC REVIEW, by Wm. E. Payne, M.D., of Bath, Me.

REV. MR. ———, aged about 35 years, nervous, bilious temperament, but predominence of nervous, applied to me for relief, and gave the following history of his case:

He has for years had Bronchial Catarrh, otherwise has had very good health until the year 1855, when he removed to Michigan, and very soon began to have Intermittent Fever; not being near any Homœopathic Physician, he was obliged to resort to Allopathy. He was treated with enormous doses of Quinine, and the disease went through all its variations, viz.: quartan, tertian, double tertian, &c., and continued at intervals, until he returned to his old home in New York in 1858. He is now suffering with severe pain, accompanied with pressure and heat in the back of the neck, pain of a burning character in the left side of the head and face, numbness of left side of the face, and the left arm and hands, coldness of extremities, vertigo, sleeplessness, and inability to concentrate the thoughts. These symptoms were all increased in severity from 10 o'clock a. m. until 10 p. m., and a corresponding diminution the other 12 hours.

I gave him Ipecac, which relieved most of the symptoms, followed by Arnica, which removed the entire group.

About a month after this he called, saying that for 10 days he had been tormented with a constant floating of spots before the eyes, at times black, at others bright, and even dazzling—no other symptoms. I gave him Belladonna, and did not see him again in 3 weeks when he said the trouble was slightly relieved for a day or two, and then increased, he ceased taking the remedy, thinking it might be an aggravation, but the trouble continued to increase, and after a week he resumed the remedy with no effect. The sight is gradually growing more dim, so that he cannot read or write, the words all run together, and he cannot tell a person across th room. There is considerable heat in the eyes and extending into the forehead; the floating spots are all black ones now, the pupil of the eyes slightly contracted, with this exception perfectly healthy in appearance, and there is no indication of former troubles. I had just received the number of the REVIEW containing Dr. Payne's article, and determined to try the Gelseminum—I accordingly prepared and give him of the 6th and 30th dilution, a dose of the 6th each morning, and of the 30th each evening. I did not hear from him again in several weeks, (he being 50 miles from me,) when he wrote me that in two days from the time he commenced the remedy he could see an improvement, when he, according to my directions, omitted the remedy, and in two weeks every trace of the trouble was removed, and he was able to resume his studies and labors. I saw him some month or two after this, and he remained perfectly well.

X.

THE DOSE IN DRUG PROVING,

BY CARROLL DUNHAM, M. D.,

NEWBURGH, N. Y.

The symptoms which drugs produce upon the healthy organism vary according to the dose. They may be :—

1. CHEMICAL—depending on the chemical affinity which exists between the drug and the tissues of the body, and independent of vitality ; or,

2. MECHANICAL (or revolutionary), consisting chiefly in violent efforts on the part of the organism to eject from its cavities the offending substance ; or,

3. DYNAMIC, contingent upon vitality and resulting from the relations of the peculiar properties of the drug to the susceptibilities of the living, healthy organism. These *dynamic* effects may be :—

A. *Generic*—such as are common to all the members of a certain class of drugs and which serve to distinguish this class from others, but do not furnish means of distinguishing between different individuals of the same class. For example, Arsenic in certain doses produces vomiting and diarrhœa, with cold sweat and cramps of the extremities. These are *dynamic* effects of Arsenic but they are *generic*, since other members of the class to which Arsenic belongs, viz. :—Cuprum, Veratrum, Tar-

tar emetic, &c., in certain doses, produce identical symptoms; and were these remedies proved in such doses alone, it would be impossible to distinguish the pathogenesis of one of them from that of any of the others.

B. *Specific*—such as result from the dynamic action of the drug and are peculiar to it. They serve to distinguish a given drug from all others. For example, Arsenic, taken in different doses from those which produce the generic dynamic effects, produces vomiting and diarrhœa or tendencies thereto; but these phenomena are accompanied and characterized by conditions quite different from those which accompany the similar symptoms of Cuprum, Veratrum, &c., and are thus distinguishable from the effects of these drugs.

The *Specific-dynamic* symptoms may be again sub-divided into *Central* and *Peripheral.*

The *Central* symptoms appear speedily after the drug is taken, are generally the result of comparatively large doses and, in the case of many drugs, are confined to the alimentary canal and to the organs immediately connected with it.

The *Peripheral* symptoms appear more tardily, are generally the result of comparatively small doses, taken repeatedly or allowed to act without interruption for a long period, and appear in the bones, skin, glands, &c., and in the co-ordinated phenomena of life. They are often the manifestations of a dyscrasia or cachexy. Doses which produce central symptoms do not generally produce the peripheral (or at least not until after a long period has elapsed) and *vice versa.* For example, Mercury, in certain doses, produces well-marked and characteristic action upon the alimentary canal and its appendages. In smaller doses it produces, instead of these effects, a series of symptoms in the skin, bones, glands, &c.—the Mercurial cachexy. The former are what we mean by *central* specific dynamic symptoms. The latter are the *peripheral* symptoms. Arsenic, again, furnishes according to the dose, examples of all of the above varieties of symptoms. In certain doses it developes chemical and revolutionary effects. In smaller doses, as we have seen, *generic dynamic;* in still smaller doses, *specific*

dynamic symptoms of the *central* variety. In yet smaller doses, it produces *peripheral* specific symptoms, which are those of the so-called "gradual poisoning;" as, for instance, in poisoning by exhalations of Arsenic from green wall-paper, in which the phenomena of vomiting and diarrhœa or the *central specific* symptoms do not appear, but, instead of these we have evidence of a distinct cachexy, in the skin and glandular symptoms, marasmus, &c.

Such are the varieties of symptoms produced by corresponding varieties in the *dose*. It is hardly necessary to say that they are not always to be distinguished with precision; but the facility with which we are able to recognize them is in proportion to the completeness of our proving.

It unquestionably behooves the homœopathic physician to have an exhaustive knowledge of the whole sphere of action of his drugs; but, as a *prescriber*, he *must* be familiar with the varieties and sub-varieties of *dynamic* effects which we have specified. This knowledge is to be attained in the first place only by drug-proving. The proving of drugs must then be so conducted as to produce in the greatest possible completeness and clearness, each of these varieties and sub-varieties. This, as has been shown, is to be accomplished by a skilful selection and succession of doses. It is not so simple and easy a matter as it might at first view appear to be: for,

First: The doses by which the corresponding varieties of symptoms are produced, differ widely in different drugs. For example, a half grain of crude Nitrate of silver or of Sulphuric acid produces chemical symptoms, while a half grain of Lycopodium or of Silicea produces probably no symptom at all. A grain of Arsenic produces *generic* dynamic symptoms, while ten grains of Natrum muriaticum may be inert. Forty drops of Bryonia tincture may excite a fair show of *specific dynamic* symptoms, while forty drops of tincture of Opium will produce *generic dynamic* symptoms or full narcotism.

Secondly: The susceptibility of different provers to the same drug is very different, and the degree of susceptibility which each prover possesses is to be learned only by experiment. For

example, one prover will take five hundred drops of Thuja without any effect; another, taking twenty drops, experiences violent *specific* symptoms.

Thirdly: The susceptibility of a prover to different preparations of the same drug is very various and apparently capricious. One records characteristic specific symptoms from large doses of the crude drug, and is not affected by smaller doses; another is acted on by dilutions and not by any quantity of the crude substance.

The relative power of a drug and susceptibility of the prover being altogether unknown until ascertained by direct experiment, the proving of a new drug is therefore a matter of pure experiment in every particular, and it might at first view be supposed to be a matter of indifference in what manner or with what doses the experiment is begun; which variety or sub-variety of symptoms is first developed, whether we take heroic doses and develope chemical symptoms or small doses and produce peripheral dynamic symptoms; since in either case we should be able by subsequent experiments based on the first, to develope the complementary symptoms and thus complete our proving. Experience teaches, however, that this supposition is not sound, and for the following reasons:—Drugs vary not more in the intensity than in the permanence of their action upon the organism. Some drugs appear speedily to exhaust, sometimes by a single large dose, the susceptibility of the prover, so that no subsequent doses, whether large or small, produce any effect. Of others again, a single large dose developes some one *generic* or *central specific* symptom, and along with it induces such an exalted and distorted susceptibility that every subsequent dose, whether large or small, evokes straightway that one symptom or series of symptoms and none other. Thus the proving is in either case partial and incomplete—we fail to get those symptoms which are the most valuable of all to us, as being those which clearly characterize the drug and enable us to distinguish it from all other drugs, viz.:—the *peripheral* and *central specific* dynamic symptoms. To illustrate this point,—it is well known that Mercury, given in such doses as to produce *central specific*

symptoms, induces often so great a susceptibility of the organism to the action of this drug, that subsequent doses, even of tolerably high dilutions, provoke straightway a series of *central* symptoms. The same is true of Arsenic. We have seen a case in which, generic and specific symptoms having once been produced by massive doses of Tartar emetic, the organism remained so sensitive to the action of this substance, that a few globules of the thirtieth dilution would at any time produce vomiting and diarrhœa, with cold sweat and prostration. It may be said that these are cases of very unusually great susceptibility to the action of the respective drugs. This is true, but it is precisely such cases of great susceptibility that are of exceeding value to us, for in them by judicious experimentation we could get most valuable peripheral symptoms, unalloyed by generic or by revolutionary effects.

There is no reason to believe, on the other hand, that small doses, so administered as to produce the peripheral specific symptoms, modify the susceptibility of the prover in any such way as to prevent his obtaining, by subsequent larger doses, the central specific, the generic dynamic, or even the chemical and mechanical effects. It follows from what has been said that, to obtain an exhaustive proving of a drug, we should begin with small doses, gradually increasing the quantity until unequivocal symptoms appear. We shall thus, if we continue our experiments a suitable length of time, obtain peripheral symptoms; and these small doses will not have so influenced the system as to prevent our obtaining by subsequent larger doses the other varieties of effects. Inasmuch as, in the nature of things, the peripheral symptoms, representing as they do, a cachexy, cannot be *speedily* produced, a considerable space of time should be devoted to our first experiments with small doses. Finally, after an interval of non-medication, larger doses should be taken until we have exhausted the whole dynamic action of the drug, and even obtained a fair picture of its chemical and revolutionary action, although this may in a measure be gained from records of *poisonings*.

But, in this relation, what are the "small doses" with which

we are to begin our proving? The term is comparative. Are they drop doses of the tinctures, or are they high dilutions? They are such doses as have, in the proving of some previous drug, shown themselves capable of producing unequivocal symptoms. We must search the records of provings therefore for our standard initial dose. What this is at present we shall soon see: as our experience increases, this standard may from time to time be altered.

It is evident that the method of conducting a proving is a matter of great importance, and should not be left to caprice or accident. The completeness of our Materia Medica, and consequently our ability to cure disease, depend upon our selection of a happy method. This important subject has received the attention of the American Institute of Homœopathy, to which the Central Bureau of Mat. Med. has presented a report on Drug Provings. The majority of the Bureau repeat Hahnemann's directions for proving as contained in the *Organon;* and as regards the dose, they recommend "the prover who makes use of potencies" to make a trial of the high potencies first, and afterward, if necessary, to take the lower dilutions and triturations, or the crude substance or tincture, if satisfactory results are not obtained with the attenuations.

This recommendation accords with our deductions and corresponds with the spirit of Hahnemann's directions. Hahnemann's instructions differed at different periods of his life. One essential idea, however, pervades them all—a small dose is to be taken at first, and the dose is to be increased until unequivocal symptoms manifest themselves. In the last edition of the *Organon* he adds, as the result of his extensive observation, "that the most recent experience has taught that medicinal substances, when taken in the crude state, do not for a long time display the full extent of their virtues, as they do when taken in higher developments. Thus any one, even of those medicines whose virtues are considered weakest, is now found to be most advantageously studied if four to six globules of the thirtieth dilution be taken every morning for several days." In this statement, Hahnemann does not contradict the

spirit of his former directions, for he adds, "should the effects of such a dose be weak, it may be daily increased." He further adds, "the more moderate the dose, the more are the primitive effects developed, which are the most important to be known." We see nothing in Hahnemann's writings which shows that he ever thought of restricting the dose in proving to the thirtieth dilution, as some have stated; he simply assures us that unless provings with so high a dilution were made, the prover would fail to get all of the symptoms which the drug is capable of evolving.

In the Minority report of the Central Bureau, (*Am. Hom. Review*, vol. I., p. 575,) Dr. Hempel differs from the majority in so far as the proving with dilutions is concerned. He would propose that "all such provings should be rejected rather than encouraged;" and he "is convinced in his deepest soul, that it is owing to the incorporation of such provings in our Materia Medica that all the confusion and uncertainties with which it is now tainted, are presenting immense and almost insufferable difficulties to the inexperienced student of our science." We trust that it is unnecessary to say that in commenting freely, as we shall do, on Dr. Hempel's report, we are actuated by no unworthy feeling toward our colleague, whose unceasing and very arduous labors in the cause of Homœopathy command our highest respect, and deserves the grateful recognition of every English and American Homœopath. We speak of him only because, by his report, he stands forth as the representative of certain opinions, which seem to us unsound and unsupported by the evidence on which they are supposed to rest.

His report may be reduced to the following propositions:

1. Drugs should not be proved with attenuated substances.

2. The middle and higher potencies do not produce reliable symptoms, unless the system has been previously saturated with massive doses of the original drug. Corollary:—the saturation of the system by massive doses of a drug, renders it susceptible to the action of the middle and higher potencies.

3. In exceptional cases a peculiar idiosyncrasy may enable

the organism to develope symptoms from the higher potencies; *but* "it is unreliable to commence the proving with these potencies." The sequence of this conclusion is not very clear. We suppose Dr. Hempel to mean that symptoms developed, where an idiosyncratic susceptibility to drug action exists, are not so reliable as those developed where there is no idiosyncrasy.

It is much to Dr. Hempel's credit that he has not left these propositions to stand in his report as bare unsupported assertions. Recognizing the experimental nature of the question, he has referred for corroboration of his views to the experience of those who have made our provings, and has called to the witness-stand the great body of our drug-provers in the following terms:—"*All* the splendid provings of the original provers of the Materia Medica, and of the Austrian Provers' Union, of the Provers' Society of Prague, and of any other Prover's Society, whose provings are accepted with universal acclaim and confidence, have been instituted with massive doses of the strongest preparations of the drug; the higher and middle potencies were *invariably* tried *after* the former." If this statement were literally correct, if indeed none of these provers *ever began* their provings with potencies, then they are incompetent witnesses for Dr. Hempel's purpose—they are incapable of testifying as to the action of dilutions when *not* preceded by massive doses, since, Dr. Hempel says, *they never tried them.* If this were so, then the second proposition of Dr. Hempel's report would rest unsupported save by the one witness whom, we neglected to say, Dr. Hempel cites, first of all, in these words:—"Dr. Hempel has never been able to elicit any reliable symptoms by means of the middle or higher potencies, unless the organism had been previously saturated with massive doses of the original drug." On this one point of negative evidence then, this important proposition stands—"Dr. Hempel has never been able." But perhaps *others have* been able. Perhaps the very witnesses whom Dr. Hempel has called have been more successful than he. We will cross-examine them.

First, then, we call upon the "Original Provers of the *Materia Medica*," by which, we suppose, Dr. Hempel means, Hahne-

mann's "Materia Medica Pura" and "Chronische Krankheiten." Of these provers, the "Great Original" was Hahnemann himself. His pupils and friends adhered strictly to his directions and method. What Hahnemann's opinion was as to the propriety of commencing a proving with small doses, we have already seen. After thirty-five years' experience in drug proving, he sums up his observations in the advice to begin with the thirtieth dilution. But what was his *practice?* What doses did he actually take? It has been generally supposed that he did not, as a rule, record the doses with which his provings were made. Dr. Hempel, however, seems to have had access to some sources of knowledge on the subject, that are not open to the general reader, for he tells us without qualification, that "*all* the splendid provings of the original provers of the Mat. Med. were made with massive doses of the strongest preparations, &c." Those who have not enjoyed these unusual means of information, gather from a few observations, scattered through Hahnemann's writings, the following facts:—

Silver was proved by Hahnemann in the first trituration. The *Nitrate of Silver*, of which he gives a few symptoms, in the fifteenth dilution. *Carbo vegetabilis* was proved in the third trituration. In a letter in the Neues Archiv. (1813), he directs Stapf to prove Helleborus, thus, "Add a drop of the tincture to eight ounces of water and one drachm of alcohol; shake well, and take an ounce every hour and a half or two hours until some decided effects are produced." And camphor, thus: "Dissolve two grains in a drachm of alcohol; shake this well with eight ounces of water, and take in from four to six doses during the day."

In the first publication of the proving of Natrum muriaticum (1830), Hahnemann tells us that a great part at least of this proving was made with the *thirtieth dilution*, and, he adds, that "it is only in such a highly potenized form, that this and all other drugs display the *whole* of their power to alter the condition of the organism." This was Hanhemann's conclusion after thirty years of active experience in drug proving. As a voucher he gives us the proving of Nat. mur., the value of which is

attested by the clinical experience of the last thirty years, and confirmed, as we shall see, by the Austrian re-proving. In the same volume of the Chronische Kranheiten, Hahnemann published the proving of Kali. carb., and large additions to the previously published provings of Carbo., veg., Caust., Conium, and Sulphur. It is but reasonable to conclude that the symptoms of Kali. carb., and many at least of those of the other drugs above-named, were produced by the thirtieth dilution as well as those of Nat. mur.

In view of these facts, it is hardly correct to say, as Dr. Hempel does, that "all the provings of the original provers of our Materia Medica were made with massive doses of the strongest preparations, &c."

Second, we call upon the Austrian Provers' Union. This society conducted in the years 1842 to 1848, a series of re-provings of certain of the drugs proved by Hahnemann, in the hope of discovering the pathological connections of the symptoms which in Hahnemann's scheme are disconnected. Conceiving, also, that some of Hahnemann's symptoms were vague, because produced, as they supposed, by *small* doses, they pushed their provings with massive doses, in many cases to extreme poisoning. With these views we could hardly expect from them much testimony, either positive or negative, on the subject of proving with potencies; but, in that which they do furnish, we should expect them to be unfavorable witnesses for our views, since their proclivities are almost uniformly against the use of potencies in proving or in therapeutics. Dr. Hempel says, "all these splendid provings, &c., were instituted with massive doses; the middle and higher potencies were, *invariably*, tried *after* the former." Let us examine the records.

In the proving of Aconite, sixteen provers made in all thirty-seven experiments. Six of these were made with dilutions from the first to the twelfth centesimal, and symptoms were observed in all but one. In five of these cases, large doses of the *tincture* had been taken *before* the dilution. In one case the prover began with the first centesimal dilution, and got symptoms.

In the proving of *Bryonia*, fourteen provers made twenty-nine

experiments, of which ten were with dilutions from the first decimal to the 203rd. In two of these, the provers began with the dilutions, viz.:—with the tenth and the thirtieth, and got in one case very graphic symptoms, in the other, symptoms unequivocal though less numerous. In the cases in which dilutions were used after massive doses of the tincture had been taken, considerable intervals were allowed to elapse after the last symptoms from the tincture-proving disappeared, before the dilutions were taken; *e. g.*, forty-one days before the 203rd dilution was taken, and yet this dilution appears to have produced decided symptoms. It is true, that the propriety of ascribing these symptoms to the Bryonia is called in question by the Editor of the Austrian Journal, but with scarcely sufficient grounds since a subsequent proving with the 203rd dilution evoked them again. Here, then, in the only two cases in which dilutions were taken before the tincture, symptoms were obtained (while in one case in which they were taken *after* the tincture, *no symptoms* were observed, which shows that the corollary to proposition No. 2 is at least not *universally* true).

In the proving of Silver we find that the drug was taken by one prover each in the first, second, and third triturations, and in the fourth, fifth, and sixth dilutions, and valuable symptons were obtained by each. The Editor calls attention to the great correspondence between these symptoms and those of Hahnemann obtained, as we know, from the first trituration.

In the proving of Nitrate of silver, the Editor remarks:—"Between the experiments, a sufficient time elapsed to ensure against the effects of one experiment being complicated by those of a preceding one, two years being consumed in the proving." The proving was begun with the first decimal trituration, and subsequently in succession the second, sixth, and thirtieth dilutions were used. The effect of each dose was allowed to expend itself before a new experiment was instituted; symptoms clear and characteristic, and covering a period of six to nine days, were obtained from a single dose of the thirtieth dilution. Here, it is true, the dilutions were preceded by low triturations, yet the Austrian provers were of opinion that in

these cases, the lower preparations did *not* influence the susceptibility of system to the higher potencies.

In proving Kali bichromicum, in only two cases was a dilution higher than the third employed. In both of these the twelfth was used and symptoms were obtained. In one, that of Dr. Wachtl, the symptoms from a single dose give a complete picture of the subjective and objective effects of this drug in the pharynx and neighboring organs. In neither of these cases had the drug been previously taken in massive doses.

In the proving of Colocynth, fifteen provers made twenty-five experiments. Ten were made with dilutions, and in nine, symptoms were obtained. In three of these, the third dilution was used and no other preparation of Colocynth had previously been taken.

In proving Thuja, twenty-three provers made fifty-nine experiments. Seventeen were made with dilutions, and in thirteen, unequivocal symptoms followed. Nine began their provings with dilutions, and got symptoms. Four began their provings with dilutions and got *no* symptoms. But, on the other hand, seven conducted their provings with massive doses of the tincture without obtaining any unequivocal symptoms. It is evident then, that negative testimony on this subject is of little value.

In proving Cochineal, four provers began their experiments with the hundredth dilution, one with the sixtieth and one with the thirtieth dilution, and all got valuable symptoms. One prover, on the other hand, began with the 200th dilution, and gradually descended, getting no symptoms until he took massive doses.

In the proving of Natrum muriaticum, thirty-nine provers took part. Fourteen began with dilutions varying from the sixth to thirtieth—the majority beginning with the thirtieth—twelve obtained symptoms of which some are of great value, lasting and recurring for many days after the last dose. Thus, in twelve cases out of thirty-nine, dilutions were taken before "the system was saturated with massive doses of the strongest preparations, &c.," instead of dilutions being "*invariably* tried *after*" such massive doses.

We may remark that in every case in which we have ascribed symptoms to the dilutions, except the case of the 203rd of Bryonia, they have been so admitted by the Austrian provers themselves.

In conclusion, we may observe that with Nat. mur. the record of the Austrian provings closes. In his concluding remarks on that drug, Dr. Watzke uses the following language: "I am—alas!—I say, alas! for I would much rather have upheld the larger doses which accord with current views—I am compelled to declare myself for the higher dilutions. The physiological experiments made with Nat. mur., as well as the great majority of the clinical results attained therewith, speak decisively and distinctly for these preparations. *Several of our most cautious* provers have obtained unquestionable characteristic Nat. mur. symptoms from them." It is remarkable that as Hahnemann was evidently led by experience to recommend that in drug provings, dilutions should be used as well as crude preparations, in like manner, the Austrian prover should, as the result of his experience, express himself as above. Watzke further remarks, (*Oest. Zeitscheift*, vol. iii., p. 60, note)—"I am very far from regarding a *stormy* method of proving as the only proper and useful one, and I recognize the conditions of an all-sided knowledge of the remedy, in the free, unrestrained method we have adopted; experiments being made with *large*, *small*, and *smallest* doses according to the disposition, judgment and good pleasure of the prover." And again, in reply to a critic, "My friend says, '*I* have proved all *my* remedies in strong and some in the strongest doses; with many I have also made provings with the higher, even with the thirtieth dilution'—Have *I* then done otherwise?"

In a recent number of the *Allg. Zeitung*, it is stated that a member of the Old Aust. Provers' Union has begun to prove Quassia amara with the thirtieth dilution, and has obtained valuable symptoms. *Experto crede.*

In view of these facts, we think Dr. Hempel is hardly correct in stating that "*all* the provings of the Austrian Provers' Union were made with massive doses, &c.; the middle and

higher potencies being *invariably* tried *after* the massive doses."

The records of the Austrian Union, not only prove that dilutions may evoke trustworthy symptoms in a majority of the cases in which they are employed, but they also give us the means of forming a judgment on the propositions which form the substance of Dr. Hempel's report. Let us review them.

1. "Drugs should not be proved with attenuations." Now, since it has been shown that attenuations produce reliable and valuable symptoms, we submit that they should be used and for these reasons.

(*a.*) Because attenuations have produced symptoms which have not also been produced by massive doses, and which have been confirmed by clinical experience. In the proving of Nat. mur., the only distinct picture of periodic fever was induced in Dr. Wurmb while proving the thirtieth and twenty-fifth dilutions. Dr. Schreter, proving the thirtieth, got symptoms which no prover with massive doses presents. In the proving of Thuja, certain symptoms affecting the vision were produced in Dr. Huber by the sixtieth dilution, and in Prof. Zlatarovich by the twelfth which no other provers have recorded. In the proving of Colocynth, the third dilution produced symptoms not recorded by any prover who took massive doses, and yet corroborated by a second prover with the third.

(*b.*) Because some provers are susceptible to the action of dilutions or small doses, and not to that of massive doses of the crude substance. For instance, Dr. Wurmb got decided and persistent symptoms from dilutions (thirtieth to sixth) of Nat. mur. From lower dilutions and from the crude substance, even in half ounce doses and repeated frequently, he got no symptoms. Was this because his system was saturated? We think not; for on recurring to the dilutions, he again got symptoms as at first. Now, had the provings been confined to the crude substance, we should not have Dr. Wurmb's proving of Nat. mur. the most complete and reliable single experiment that we possess—and which we could hardly consent to give up, notwithstanding Dr. Hempel's opinion, that "potency-

provings should rather be rejected than encouraged." The same thing is observed in the provings of Aconite, Thuja and Colocynth.

2. "Potencies do not produce reliable symptoms unless the system has been previously saturated with massive doses of the crude substance; and, Corollary, massive doses render the system susceptible to the action of smaller quantities.

We have shown that in repeated instances, symptoms which Hahnemann and the Austrian provers regarded as "reliable" have resulted from potencies not preceded by massive doses—symptoms confirmed by other provings and by clinical experience. On what grounds does Dr. Hempel question their reliability?

Again, we have no conclusive evidence that massive doses, as a rule, render the system more sensitive to small doses. In some cases they appear to do so. In others they have the opposite effect. In the records, we find the utmost variety as regards the susceptibility of provers to various doses. Some, like Dr. Wurmb, are susceptible to dilutions alone of a given drug, others to massive doses alone. Many obtain symptoms at first from comparatively small doses of the crude substance, but find it necessary to steadily increase the dose until finally, after taking in some cases several hundred drops or grains, they get no symptoms at all from any preparation. This looks like a *blunting* of the susceptibility rather than an exaltation. We are not always justified in assuming that, where dilutions were taken *after* massive doses, the symptoms were due to the massive doses and not to the dilutions. In the majority of these cases a sufficient period elapsed between the experiments to prevent all possibility of the one complicating the other. In a few cases, no such period elapsed, and in these it may be that the symptoms ascribed to the dilutions were really due to the previous massive doses, yet even in these cases we cannot be certain of this; for in one of them, that of Prof. Zlatarovich, who after taking in the aggregate several thousand drops of the Thuja-tincture, changed without delay to the twelfth dilution, a symptom was observed which had not occurred to him

or to any one else while proving the *tincture*, but only to *Huber while taking the sixtieth.*

In conclusion, we see in the Austrian records more reason to suppose that massive doses, as a rule, *blunt* than that they exalt the susceptibility, although in some cases they unquestionably have the latter effect. As these cases cannot be recognized in advance, it is clear that in the case of an individual drug or prover, nothing positive on this head can be assumed as a basis on which to plan a proving.

3. It is said that "*idiosyncrasy*" determines the action of potencies, and that provings having this origin are not reliable.

The word "idiosyncrasy" is used in two senses. Properly, it signifies an abnormal sensibility to drug action; or such a relation to a special drug as that the drug produces in the prover symptoms that occur to no other prover, and which bear no analogy at all to the symptoms which others experience. Such symptoms as these must always be regarded as suspicious until verified by clinical experience.

But, as most frequently employed, the word "idiosyncrasy" is synonymous with "*susceptibility*," implying an *unusually acute*, but not *abnormal*, sensibility to the action of the drug, and a prover who shows a marked susceptibility to the action of a drug is said to have an idiosyncrasy which favors its action. This susceptibility is similar to that which individuals exhibit for natural diseases—some being prone to one kind of disease, others to another, just as one prover is especially susceptible to Thuja, another to Aconite. Now, what pathologist would think of objecting to a case of Pneumonia that it was not a reliable picture of the disease, because it could be shown that the patient had a great susceptibility to the disease, and took it on the slightest provocation? A certain susceptibility to the action of a drug is absolutely necessary to a good proving. Hahnemann speaks of it in his *Organon* as a necessary condition. What the Austrian provers think on the subject may be gathered from the following remarks of Watzke:—Dr. Wurmb proved Thuja five times; four times in massive doses and once in dilutions. Result very meagre. Dr. Watzke says, "We

may observe that the proving of a drug is not so easy an affair as it seems to be. The individuality of the prover as well as of the drug plays here so important a part, that a successful proving is often an entirely accidental piece of good fortune of the susceptible prover while the boldest, but unsusceptible prover, with the best good-will and the greatest devotion, may obtain only a scanty and one-sided result?

This susceptibility may be to the drug in general or to particular preparations of it. Wurmb was acted on only by dilutions of Nat. mur. Watzke only by immense doses of the crude substance. Watzke was sensitive to very small doses of Thuja, while Wurmb and Reisinger were almost insensible to *every* preparation of it. Obviously then, a prover's susceptibility varies with the drug and with the preparations, and can be learned only by experiment with all preparations.

From the general tenor of Dr. Hempel's report, one might infer that while the middle and higher potencies produce symptoms only in very exceptional cases, massive doses of the strongest preparations act always. The records of the Austrian provings hardly warrant such an assumption. Of the thirty-one experiments made with the tincture of Aconite, six were not followed by any trustworthy symptoms. Of the thirty-six made with large doses of tincture of Thuja, seven were without result. Of fourteen made with large doses of crude Colocynth, one was without result. Of the fifteen provers of Bryonia, one at least took very large doses of the tincture without observing any symptoms. Several who took large doses of crude Nat. mur. were insensible to its action. It is obvious then, that the development of symptoms is not of necessity copious and satisfactory in the ratio of the dose. The Austrian records abound in editorial remarks, intimating that provers have defeated their object by taking *too large* doses, and by *repeating* the dose *too frequently*.

We have seen, then, that potency provings may be trustworthy and that they are indispensable to a complete and exhaustive proving. It is to be observed that even the few Austrian potency provings which we have, were not, generally,

conducted in such a way as to demonstrate the full value of such experiments. In very many cases, only a few days were allowed for the development of symptoms before a larger dose was taken. In the few cases in which a different course was pursued, as in Wurmb's proving of Nat. mur., clear and persistent and most valuable series of symptoms were obtained.

In order to obtain a perfect proving, the prover should ever bear in mind certain fallacies to which he is liable. These fallacies differ according to the dose which he is employing; they are equal for either extreme of dose. If he use the higher dilutions, he is in great danger of confounding "imaginary" symptoms with real *subjective drug* symptoms. If he employ massive doses, he is in equal danger of including in his record *chemical* and *mechanical* symptoms. Either error is a source of confusion and uncertainty, but he is greatly mistaken who thinks to avoid introducing confusion and uncertainty into the Materia Medica by simply rejecting potency-provings. They can be avoided only by the constant analysis of the symptoms (whether produced with potencies or with large doses), by frequent repetitions of the provings on one-self and others, and by clinical verifications of the symptoms. The Austrian records give an example of the latter fallacy. The symptoms are so intermingled with chemical and revolutionary effects, that one cannot use too great caution in basing a prescription upon them.

In conclusion, we may assume the following points to be established by induction and by direct experience :—

In order to obtain an exhaustive proving;

1. We must prove the drug *both* in dilutions and in massive doses.

2. The proving should be *commenced* with *dilutions;* and *high dilutions* should be employed until satisfactory evidence is obtained that the prover is not susceptible to their action. We thus obtain *one* of the unknown qualities of our problem, viz.,—the measure of the susceptibility of the prover.

3. Where a keen susceptibility is found to exist, the greatest care must be exercised to avoid *blunting* or perverting it. With this view, repeated experiments should be made at long inter-

vals, with *high potencies*, until no new varieties of symptoms are evoked. Then, after a long period of non-medication, the prover should take lower potencies and then small doses of the crude substance repeated at intervals, and finally after another long period of repose, *large* doses of the crude substance. A thorough proving, after this fashion, may require years for its completion —but it will have an advantage over most of our recent provings, in the fact that it will *be thorough*, and that it will be of permanent and certain use to the practitioner.

4. In proving with dilutions, as well as with massive doses, a long period of time should be occupied in testing each preparation, in order that the full effect may be seen in the production of dyscrasias, &c.

5. The greatest care should be exercised in *verifying* symptoms by repeated experiments, in order that "imaginary" symptoms on the one hand and chemical and mechanical symptoms on the other may be excluded. The fashion, which has become very prevalent of late, of including in the pathogenesis every sensation, which occurs during the proving, without distinction or verification—and which may be called the *Pre-Raphaelite* method of proving—cannot be too strongly rebuked.

XI.

REPORT ON CASES OF DIPHTHERIA.

BY CONSTANTINE HERING, M. D.

PHILADELPHIA.

It is my intention to collect all cases I have seen and attended in a statistic table. I can to-day only report by memory.

The epidemic diphtheria commenced in Philadelphia, December last, and increased slowly in number and violence during the following three months, and I have not seen any more during the last six weeks.

All my patients, except cases where I was the consulting physician, belonged to families I had been attending for years, nearly all very intelligent families which I consider a great advantage in treatment. I have had during this time about 50 to 60 cases with marked symptoms of diphtheria, in one case I succeeded in obtaining the membrane for microscopic examination, which I add herewith. I had about the same number of light cases. All recovered within seven days, except a very few of so called scrofulous diathesis, which required more time. The time it took to effect a cure, I consider one of the most important items in statistic tables, as I remember that since I have learned to give the doses higher and higher, the duration of acute cases has been shortened.

The medicine given has been mostly at first Belladonna. In some cases Bryonia or Antimonium crudum, which last one corresponded to the genus epidemicus particularly well.

After the first medicine, Lachesis was indicated by the great sensibility to the touch on the throat, with or without a swelling. In a few cases Iodine or Bromine, the first in persons with dark hair and black eyes, the latter with blue eyes and blonde hair, was given with good effect. Mercury I gave only once without benefit to the patient. No other medicine seemed to me to be indicated, and least of all the Iodide of Mercury. Every single dose of any of the medines, even in the worst cases, I allowed about 24 hours to act before I decided to make a change. The lowest potence given was the 200 of Jenichen, generally I used them higher, giving always in every repetition a higher degree.

Dr. Lippe has had about a like number of cases, and as far as I recollect, has given nearly the same medicines in the same potences with like success. Dr. Reichhelm had had 6 or 8 weeks ago, about 80 cases, has given the 30th potence and lost none.

June 7, 1860.

XII.

REPORT

OF THE

HOMŒOPATHIC MEDICAL SOCIETY

OF

CHESTER COUNTY, PA.,

We most cordially accept your invitation to become auxiliary, in an annual report and delegates, to the American Institute of Homœopathy.

It gives us pleasure when in any way we can aid the much loved science of homœopathy, by adding our mite to the cause.

It was only in 1847 the first homœopathic practitioner settled in Chester County, in West Chester. From which time our great truth has spread rapidly both in practitioners and patrons, for now we number thirteen well educated Homœopathic Physicians and a host of believers in the facts of our science to *fully* employ all of the half score and three.

The Homœopathic Medical Society of Chester County was organized and held its first session in West Chester, October 5th, 1858, just eleven years after the first appearance of Homœopathy in our midst. Much interest has been felt in our organization not only by our members, but also by the community around. Our members have shown their interest by their punctual attendance and the promptness with which they have answered the call of the Society to furnish each other, (and when deemed suitable, the whole profession) their

experience and views upon the principle medical topics of the day.

From time to time some of our medical brethren from Lancaster and Delaware counties have met with us and a few have become members. We greet them cordially for the great and good work.

We have adopted a regular fee bill for the county, which, so far as we know, gives universal satisfaction.

At our second meeting we unanimously adopted a resolution recommending the establishment of a *strictly* Homœopathic Medical Journal in Philadelphia, promising to aid it in every manner in our power. We still earnestly hope it will be accomplished.

In our society it was unanimously agreed that each member shall present a yearly communication, essay or report, on some medical topic—the subject of which he shall choose for himself and if not it shall be appointed to him by the President. This rule, in a small society like ours, has worked admirably, for since its passage we have not needed interesting and profitable communications.

The thanks of the society were extended to Dr. James E. Jones, of West Chester, for a lengthy communication on Leucorrhœa. Dr. Johnson, Kennet Sqr., presented a very interesting essay upon Biliary Calculi. Dr. S. B. Hawley, of Phœnixville, gave us some profitable cases of practice. Dr. J. B. Wood, of West Chester, read an essay on Phosphorus. Dr. Stacy Jones, of Darby, Del. Co., handed in his experience with homœopathic medicines in a lengthy and interesting communication.

The Officers of the Society for the present year stand as follows: President,—Dr. I. D. Johnson of Kennet Square. Vice President,—Dr. J. B. Wood of West Chester. Recording and Corresponding Secretary,—Dr. J. E. Jones of West Chester. Treasurer,—Dr. L. B. Hawley of Phœnixville.

By order of the society,

James E. Jones, M.D., Secretary.

XIII.

REPORT

OF THE

HOMŒOPATHIC MEDICAL SOCIETY

OF

PHILADELPHIA.

To the President and members of the American Institute of Homœopathy.

Gentlemen:—At a meeting of the Homœopathic Medical Society of the city of Philadelphia, the undersigned was directed to report to your body some of its proceedings since its organization.

The society commenced operations April 13th, 1859, and elected Richard Gardiner, M. D. their first President.

The meetings are held on the third Thursday of each month, (July and August excepted)—on which occasion an essay on some medical subject is read, which, together with the name of the author, is announced at the previous meeting.

We have had for consideration, which we may here mention. "*The best means of propagating Homœopathy*," by C. J. Hempel, M. D. "*Relations of dose to the temperment*

and susceptibility of Patients," by George R. Starkey, M. D. "*Domestic Treatises*," by J. K. Lee, M. D. "*Differential Diagnosis between Cancer and Hypertrophy of the Stomach*," by J. Redman Coxe, Jr., M. D., &c., &c.

Wm. A. Reed, M. D. presented to the society a very peculiar case of fœtal deformity, and will doubtless take much pleasure in exhibiting it to those members of the Institute who feel an interest in such matters.

The reading of the appointed paper is followed by a discussion on the matter presented, in which all the members present generally participate.

In addition to this, the various epidemics prevailing at the time, and the remedies indicated, and those that are found most reliable receive a full share of attention, and all feel that our meetings are highly instructive and fully appreciated.

Richard Gardiner, M. D. will act as the Representative of our Society during the present session.

Respectfully,

A. H. Ashton, Secretary.

XIV.

SIXTH ANNUAL REPORT

OF THE

CENTRAL HOMŒOPATHIC DISPENSARY,

NEW YORK CITY.

The Trustees of the Central Homœopathic Dispensary respectfully present their Sixth Annual Report.

Established in 1854, by two of the present attending physicians—it has now a corps of six physicians in regular attendance. At first, open but a single hour each day, it is now open from 12 to 1 and from 3 to 4 P. M.

During the six years ending April 1st, 1860, 5,445 cases have been treated, and 15,343 prescriptions given, of which 941 cases treated, and 2,449 prescriptions given, were within the past year.

We would call particular attention to the fact, that the total expenditure for the six years was $1,365. 31, equal to 25 cents for each case treated, and 9 cents for each prescription given. We doubt if any institutton ever accomplished so much at so moderate a cost.

Much can be done, and much ought to be done in a city like New York, to relieve the pain, and restore to health those who, to earn their bread, require health and strength of body. The sick we have with us always, is as true, as the words spoken centuries since, "the poor ye have with you always." The evils of poverty are numerous, and as society exists at present, disease and pain arising from the circumstances surrounding poverty, boldly stare us in the face.

Cleanliness and the laws of Hygiene generally are disregarded, and suffering humanity pays the penalty; the damp dark cellar, leaves its impress on the features, and the very soul within seems to be obscured.

The poor, especially in childhood, suffer from the constant use of drugs; the parents through love for the child, begin in a few hours after birth to pour down its tiny throat, various combinations, and the delicate tissues of its sensitive organization, exert all their power, to oppose the intrusion of the morbid agent, but finally yield to the destroyer, and if life still holds sway, it does so, in a weak, exhausted frame. Instead of the healthy, rosy hue of vigor, with the full bounding pulse of life, we see feebleness and decay. The rich also suffer from this drug system, but they have all the opportunity for knowing, studying and practicing the laws of health. The poor require charity, they must have assistance, and must depend on others to relieve them from ills they have, and keep them from others they know not of.

Homœopathic treatment is especially advantageous for the sick poor, in that it allows them in many cases to continue their employments, not confining them to the house, and thus rendering them still more dependant on charity.

B. F. Joslin, Jr., Sec. of the Board of Trustees.

XV.

REPORT

OF THE

PHILADELPHIA NORTHERN HOME

FOR

FRIENDLESS CHILDREN.

Since the last report there have been under medical treatment in the institution 148 cases of disease.

Of this number 4 proved fatal ; 3 of these died during the prevalence of malignant scarlet fever ; the other a short time after from dropsy, the result of heart disease.

During the year the "Home" has been visited by a contageous form of Opnthalmia, and notwithstanding its aggravated character and the defective constitution of many of the children, not a single case of injury to the sight has occurred.

All have entirely recovered except about 40, and these are mostly convalescing, and the probabilities are that in a short time the disease will be eradicated.

The advantages of vaccination have not been withheld from the children.

Up to the present time, 223 have in all, undergone this process. Of this number 137 had previously the vaccine mark distinctly shown on the arm—the remaining 86 had no visible mark of ever having been vaccinated.

In addition to a successful vaccination of nearly all the latter, many of those who were re-vaccinated gave evidence of unprotection, by the regular vesicle being produced.

Respectfully submitted,

Bushrod W. James, M.D., Attend'g Physician.

XVI.

REPORT

OF THE

HOMŒOPATHIC DISPENSARY

OF THE

SOUTH-EASTERN PORTION OF PHILADELPHIA.

To the American Institute of Homœopathy:

It being deemed necessary that a Homœopathic Medical Dispensary, for the benefit of the sick poor, should be opened in the south-eastern portion of Philadelphia, a committee of six medical gentlemen of this city was appointed by the faculty of the Homœopathic Medical College to carry it into operation.

Preliminary measures were made, when a Board of Managers was elected, and a Board of Physicians appointed to take charge of the institution.

It went into operation on the 14th of November, 1859, and has been open daily, excepting Sundays, since. About 400 patients have been prescribed for; 80 have *reported* themselves cured, 4 have died, 192 have been prescribed for once. A number are still under treatment. 1000 prescriptions have been given out.

Accompanied with this report, you have our Constitution and By-laws, with that of our Board of Managers and Physicians.

RICHARD GARDINER, M.D., *Pres't Board of Phy's.*

A. H. ASHTON, *Sec. Board Phy's.*

XVII.

REPORT

OF THE

HOMŒOPATHIC INFIRMARY,

PHILADELPHIA.

The Institution bearing this name was organized about one year since.

A meeting was called by the Board of Managers, a Constitution and By-laws adopted, and the following Medical Staff appointed: CONSULTING PHYSICIANS—C. Hering, D. James, Richard Gardiner, A. Lippe. ATTENDING PHYSICIANS —B. W. James, D. R. Posey, L. L. Coxe.

The Institution being yet in its infancy, and in consequence of insufficiency of funds in the treasury, but a small portion of what was originally designed to be accomplished has as yet been effected.

The Dispensary department has been successfully established, and vigorously prosecuted during the year, upwards of 1200 cases of disease have been treated with success. 4582 prescriptions have been dispensed, several surgical operations have been performed, and a number of surgical cases treated and cured without recourse to the knife. One death occurred in the hospital department.

Respectfully submitted,

BUSHROD W. JAMES, M.D., Sec

XVIII.

SIXTH ANNUAL REPORT

OF THE

AMERICAN PROVERS UNION.

Mr. President and Gentlemen of the Institute.

The undersigned, Secretary of the American Provers Union, presents the following report:

During the past year the attendance of the members of the Union has been greatly remiss, showing a gradual declination of interest in the usefulness and prosperity of the society.

For this remissness there are many causes, none of which however can be considered valid, since a lack of interest in our noble cause can only be considered a derliction of duty on the part of those who are bound by every tie to aid and advance the interests of the science of Homœopathy and more especially to improve the Materia Medica.

The Provers Union have now in their possession a large amount of very valuable provings, the most important of which it is their intention to arrange and forward to one of the medical journals for publication, in order that the profession at large may thereby be benefitted.

The medicine chosen at our last meeting for proving, is the *Polygonum Punctatum*, which in 1861, we expect to forward to the Institute for its information and approbation.

All of which is respectfully submitted,

BUSHROD W. JAMES, M.D., Sec.

XIX.

REPORT OF THE COMMITTEE

ON

DECEASED MEMBERS.

The following brief record of deceased members has been prepared and is here printed in compliance with a resolution of the Institute. It includes all our late colleagues who have died during the year preceding the last meeting of the society, of whom the committee have received any information.

HENRY D. PAINE.

Albany, July 1, 1860.

RICHARD S. BRYAN, M.D., one of the oldest, if not the very oldest of the adherents of Homœopathy in northern New York, and justly considered as one of its ablest and most successful practitioners in that part of the state, died at his residence in Troy, on the 5th of March, 1860, aged 64 years.

He was a native of Putnam Co., N. Y., and derived his first medical instruction from his father, who was a highly respectable physician of Paterson, in that county. His studies, however, were chiefly pursued under the direction of a distinguished physician in New York city, where he also diligently availed himself of such advantages as were then afforded by college lectures and hospital cliniques. Be-

fore completing his course of study, he undertook a voyage to South America for the benefit of his health, and resided for nearly two years in Pernambuco. Subsequently to his graduation he went to Europe, partly for the purpose of still further improving his health—which again began to fail—and partly for additional advantages of study and observation.

After his return from Europe, he practiced medicine in Norwalk, Conn., for a few years, and then removed to New York, under very favorable auspices. Unfortunately for his encouraging prospects, the state of his health became such, after a few years, as to make a change of residence necessary; in consequence of which he removed first to Lansingburgh, and subsequently to Troy, where he soon gained, in a remarkable degree, the confidence and esteem of a large circle of patients and friends, which twenty-five years more of professional and social intercourse only served to extend and strengthen.

Dr. Bryan's residence in Troy began in 1835, but it was not until 1841 that he had any practical acquaintance with Homœopathy. In that year he was first led to examine the claims of the system, and to test its advantages experimentally, by the perusal of some numbers of the "*Homœopathic Examiner*," a publication commenced about that time by the late Dr. A. Gerald Hull. Several articles contained in the earlier numbers of that most ably conducted periodical commended themselves so well to his judgment as to induce him to give the cause they advocated a further and more critical investigation. This inquest undertaken with an honest desire to learn the truth, and pursued in a candid and generous spirit, was followed by the usual result, and for nearly twenty years preceding his death he was an earnest, zealous and consistent advocate of the Hahnemannian law of cure.

Dr. R. Bloss, who was, at the date referred to, and for several years after, associated with Dr. Bryan in practice, has given, in an admirable tribute to the memory of his late friend and former colleague, an interesting account of their

first timid experiments in Homœopathy, and the steps by which they gradually attained to a full and entire confidence in the new method. Dr. Bryan was not hasty in committing himself in favor of these novel views, but knowing how unsafe it is, in medicine, to draw general conclusions from single and isolated instances, carefully repeated his observations until fully satisfied of the validity of the evidence in their favor; but his judgment having been convinced, he did not hesitate to avow openly his change of opinion, and set himself diligently to acquire a knowledge of all the resources of the new system for the benefit of his large circle of patients.

As a physician, Dr. Bryan was somewhat remarkable among his brethren of the profession, for his quick perception of disease, and a very retentive memory of drug symp toms, which gave value to his opinions in diagnosis and in the choice of remedies. At the same time his ever ready and unselfish attentions to the sick, and his cheerful and sympathizing manner towards them, won both their confidence and their affection.

In all the relations of life he maintained an unsullied reputation for sincerity and straight-forwardness. Modest and unobtrusive, he was not disposed to urge his own views unseasonably; and although when occasion required he was ready to express and defend his convictions, his uniformly kind and conciliatory manner was calculated to disarm the prejudices of those from whom he felt obliged to differ.

His last sickness was long and painful, and in its origin was probably of remote date. But severe as were his bodily sufferings, his mind was unclouded throughout, and his long cherished religious faith unshaken. Dr. Bloss truly says of him, that he "was a man of strict unswerving integrity of character—a man to be relied upon in all he said. He had long been a consistent member of the Episcopal church, and as such had led an unimpeachable life; was charitable and humane from nature and habit; and although ever unostentatious, was excelled by few in those acts and habits of life which characterize the devoted and humble christian."

ROBERT ROSMAN, M.D., was born October 18, 1807, at Claverack, Columbia Co., N. Y., and died in the city of Brooklyn on Christmas day, 1859, after an illness of a few hours. As the senior practitioner of our school in Brooklyn, and for many years a member of this Institute, he was well and favorably known to a large number of the friends and adherents of Homœopathy.

He was a student with Dr. Jordan, of his native place, and with the two Drs. White of Hudson, for many years leading practitioners in that part of the state. He graduated from the old Barclay Street Medical College, afterwards and still known as the College of Physicians and Surgeons, in New York. After taking his degree, he returned to Hudson and commenced practice as a partner with Dr. Frary, with whom he continued two or three years, and then opened an office on his own account. He remained in Hudson till 1840, in the enjoyment of a large practice—the fruits of a well-earned reputation for soundness of learning, quick penetration, and practical skill.

In the spring of 1840, having adopted the principles of Homœopathy, he removed to Brooklyn, where he continued in the active exercise of his profession until the very day of his death. Of the manner in which his attention was first called to the subject of Homœopathy, or of the motives which governed him in his desertion of the dominant system of medicine, little is now known, but it is understood that from an early period of his career as an Allopathist, he rejected in his practice many of the usual expedients of the profession, as unscientific, unnecessary or injurious; and it is probable that his predilections in favor of milder measures, made him a more ready convert to a system manifestly so much more merciful than that in which he had been educated.

His sagacious foresight in choosing Brooklyn as the field for the future exercise of his talents with the greatly increased means of cure which he felt were to be found in Homœopathy, has been abundantly verified, far beyond the most sanguine anticipations that could have been indulged. At the date of his removal thither, Brooklyn, with a popula-

tion of about 36,000, contained as yet, no resident homœopathic physician. For nearly or quite two years after he settled there with his family, it is believed that he stood alone; but at the time of his death, not quite twenty years after, he had the satisfaction of seeing no less than forty-five of his colleagues in the consolidated city, actively engaged in the practice of Homœopathy.

Few men have more efficiently and creditably fulfilled the duties which belong to the conscientious physician. With an ardent love for his vocation, of an active temperament, rigidly abstemious habits and a cheerful disposition, he was enabled to meet the requirements of an extensive practice with satisfaction to his patients and their friends, and with honor to himself.

FERDINAND L. WILSEY, M.D., died at his residence in Bergen, N. J., May 11, 1860, aged 63 years. He was a native of New York city, where he was born June 23, 1797, and where he always lived until about two years before his death, when he relinquished, to a large extent, the active duties of his profession, and retired to the country.

The death of Dr. Wilsey is an event of more than ordinary interest to the members of this Institute, on account of the connection of the deceased with the first beginnings of Homœopathy in this country. It is claimed for our departed colleague that he was the first patient in the United States who was treated according to this method, and that it was in no slight degree owing to his recommendation and influence that the system obtained its first foot-hold in New York. When in 1825, Dr. H. B. Gram, ever to be honored as the first pioneer of this great medical reform on this continent, arrived in New York, a stranger and friendless, reduced by a sudden and almost complete reverse of fortune, it was Dr. Wilsey, then actively and prosperously engaged in mercantile pursuits, who took him by the hand and became his friend and patron. Having subjected himself to his treatment for some chronic disease, with which he was afflicted, he was so delighted with the favorable result, that he not only endeavor-

ed to persuade others to make trial of it, and to awaken the attention of some among his medical friends to the superior advantages of the system, but he undertook a course of study and instruction under the direction of Dr. Gram, to which he devoted such intervals of leisure as his business pursuits allowed.

Dr. Wilsey was not originally bred to the medical profession, but he had a bias for medical studies that only needed the favorable conditions into which he was brought by his intimacy with Dr. Gram, to be developed into a positive eagerness in their pursuit. He had no intention, at first, of adopting medicine as a calling, but pursued it merely for the gratification of his taste, and as a means of doing good. In order to proceed more advantageously with his study of anatomy, he entered, as a student, the College of Physicians and Surgeons; and finally, having in the course of three or four years, attended the required courses of lectures, and otherwise complied with the legal conditions, he concluded to offer himself as a candidate for graduation. Even after he had received his diploma, it does not appear that he had any serious design of changing his business, as for several years he was in the habit of prescribing, always gratuitously, and only for his friends and the poor.

But the financial revulsion of 1837, and the ill success of some enterprises in which he afterwards engaged, induced him to relinquish trade altogether, and ultimately to engage in the public practice of medicine as a profession and a livelihood. It is about fifteen years since he decided to openly enter the ranks and devote himself exclusively to the responsible duties of the profession into which he had some years before been duly commissioned. The result proved that he had done wisely in thus following, though late, his predilections. Although he had a very modest opinion of his own abilities, they were better understood and appreciated by the public, and he soon found himself engaged in a large and lucrative practice, to which he quietly but perseveringly devoted all his energies. He was thereby enabled to make good his former losses, to a considerable degree, so that when failing

health compelled him to discontinue his labors, he found himself in the enjoyment of a competence more than sufficient for his moderate wants. Simple in his habits, unassuming in his manners, benevolent in his disposition, with a true love for his vocation, he was content quietly to pursue his calling, only anxious to do his whole duty in the state of life to which God had called him.

ISAAC E. KIRK, M.D., died at Hudson, N. Y., August 17, 1859, aged 27 years. He graduated from the Homœopathic Medical College of Pennsylvania, in the spring of 1857, having previously passed through the full course of instruction at the Medical College of Albany, N. Y. The Thesis which he presented on the occasion of his graduation on the "Influence of the Mind on Disease," was characterized by vigor of thought and a straight-forward clearness of expression eminently characteristic of the writer's mental constitution.

His studies were pursued under the direction of Dr. A. P. Cook of Hudson, with whom also he was associated in practice after receiving his diploma and during the whole course of his brief career.

It is not doubted by those who knew Dr. Kirk, that he would have made his mark in the world, had his life and health been spared. Well read in the literature of both schools, with an active, discriminating mind, a quick perception, and great strength and earnestness of character, it is scarcely possible that he would have long remained undistinguished in the profession. It is well remembered how ready and fearless he was, even while a member of his allopathic college, to defend on all proper occasions, the medical faith which he had adopted, to the frequent discomfiture of those of his fellow students who heedlessly or intentionally assailed it with attempts at argument or ridicule.

His early death has thwarted the reasonable expectations of his friends and those who knew him best, but his thorough earnestness and conscientiousness of character, may still serve as an example worthy of emulation by the older as well as the younger members of the profession.

XX.

TREASURER'S REPORT

To the American Institute of Homœopathy, 17th session at Philadelphia, June 6, 1860.

RECEIPTS.

Balance June 1, 1859, - - -	$178 89	
Collections for the year 1859, - -	376 00	
Transactions sold, - - - - -	12 00	
Appendix, " - - - - - -	16 00	$582 89

DISBURSEMENTS.

W. E. Payne's Bill, - - - - -	$10 85	
Hall Rent and Incidentals at Boston, -	27 25	
Express from Brooklyn, - - - -	38	
Reporter's Bill at Boston, - - - -	40 00	
Postage and Stationery, - - -	13 25	
Discount on Draft, - - - - - -	43	
Printing Bills and Circulars, - -	9 00	
Munsell & Rowland printing Trans., -	271 50	
" " Appendix,	30 00	
Postage and Express on Transactions sent to Members, - - - - -	32 67	
Secretary's Bill, - - - - - - -	21 35	$456 68
Balance on hand June 6, 1860, - -		$126 21

REPORT ON THE TREASURER'S ACCOUNT.

The undersigned, your committee on Treasurer's accounts, beg leave to report, that upon examination they have found the same to be correct, and would recommend the adoption of his report.

J. P. DAKE, M.D.
S. M. CATE, M.D.
J. R. COXE, JR., M.D.
WM. E. PAYNE, M.D.
L. M. WARD, M.D.

XXI.

CONSTITUTION, BY-LAWS

AND

RULES OF ORDER

OF THE

American Institute of Homoeopathy.

CONSTITUTION.

ARTICLE I.

This Association shall be styled the AMERICAN INSTITUTE OF HOMŒOPATHY.

ARTICLE II.

The object of this Institute shall be the improvement of the science of medicine.

ARTICLE III.

This Iustitution shall be composed of those physicians who are already members, and of such others as may be hereafter duly chosen in conformity with its by-laws.

ARTICLE IV.

The officers of this Institute shall be a President, a Vice President, a General Secretary, a Provisional Secretary and a Terasurer, with such other officers as shall be designated by the by-laws, to be chosen at such time, in such a manner, and for such a period, and with such duties as those by-laws shall ordain.

ARTICLE V.

The Institute shall have and use one common seal, with a suitable device and inscription.

ARTICLE VI.

This constitution may be altered or amended by a vote of two-thirds of all the members, present at the regular annual meeting, provided that notice of such alteration or amendment shall have been given in writing at a previous annual meeting of the Institute.

BY-LAWS.

ARTICLE I.

The Institute shall hold at least one session in each year, at such time and place as may be determined upon from time to time.

ARTICLE II.

The officers shall be elected annually, by ballot, and a majority of all the votes shall be necessary to a choice.

ARTICLE III.

It shall be the duty of the President to preside at the meetings of the Institute; to preserve order therein, put all questions, announce the decisions, and appoint committees not otherwise ordered.

ARTICLE IV.

It shall be the duty of the General Secretary to organize the meetings and preside until a President shall be elected; to keep a record of the proceedings of the meetings, answer all letters addressed to the Institute, open and maintain such correspondence as may tend to advance its interests, to give

proper notice of the meetings of the Institute, to notify candidates of their election, and sign certificates of membership.

ARTICLE V.

It shall be the duty of the Provisional Secretary to assist the General Secretary; and in his absence, to perform his duties.

ARTICLE VI.

It shall be the duty of the Treasurer to receive all moneys belonging to the Institute, to make all necessary disbursements, and report annually in writing.

ARTICLE VII.

At each annual session of the Institute, there shall be a board of five Censors elected by ballot, who shall act until others shall be elected by ballot, whose duty shall be to receive credentials of candidates, and report such as may be found properly qualified, to the Institute for election, any three of whom shall constitute a quorum.

ARTICLE VIII.

Any person who shall have pursued a regular course of medical studies, according to the requirements of the existing medical institutions of our country, and shall have obtained a certificate of three members of this Institute that he has thus complied with the above requirements, and he sustains a good moral character and general standing, addressed to the Board of Censors, and by them satisfactorily found qualified in the theory and practice of Homœopathy, and so reported to the Institute, may be elected a member thereof; and upon the payment of two dollars shall receive a certificate of such election.

ARTICLE IX.

There shall be a Central Bureau for the Augmentation and Improvement of the Materia Medica, consisting of five mem-

bers, to be appointed by the President. And it shall be the duty of each Member of this Bureau, to select a certain medicine for proving, and the symptoms of which he will arrange indicating the number of provers by which each symptom is verified.

ARTICLE X.

Certificates of membership shall be granted to such as are already members of the Institute, on the payment of one dollar, and to new members on the payment of two dollars.

ARTICLE XI.

These by-laws may be altered or amended by a vote of a majority of members, present at any annual meeting.

ORDER OF BUSINESS.

---

1. The meeting shall be called to order by the General Secretary, or in his absence, the Provisional Secretary, or, in the absence of both Secretaries, the Treasurer, or such person as shall be chosen by the members present, shall preside until a President is chosen.
2. Calling the roll of members.
3. Choice of President and such other officers as are elected by ballot.
4. Election by ballot of standing committee on the election and reception of members.
5. Reading of such portion of the minutes of the last meeting as may relate to unfinished business, or matters referred to the next meeting.
6. Appointment of standing committee of five on the Treasurer's account and vouchers.
7. Report of Treasurer, with vouchers of expenditures.

8. Report of committee appointed at the last meeting.

9. Reports and communications from auxiliary, and corresponding bodies.

10. Annual address.

11. Time and place of the next annual meeting, and com mitte of Arrangements.

12. Choice of a member to deliver the annual address at the next meeting, and an alternate.

13. Reading of minutes for correction and approval.

14. Adjournment.

The rules relating to the order of business may be varied for the time being by common consent, or by a vote of two-thirds of the members present.

The general rules of the House of Representatives of the United States shall be observed in debate and manner of transacting business, where there are no rules of the society applicable to the subject.

RESOLUTIONS.

ADOPTED MAY 14, 1846.

Resolved: That this Institute recommend the formation of local Homœopathic Societies, on the basis of the Institute.

Resolved: That each local society be recommended to appoint a bureau for the augmentation and improvement of the Materia Medica, whose duty it shall be to send to the Central Bureau, information in relation to the following topics:

1. The effects which may be observed from the trial of new remedies, whether in health or disease, stating the precise localities of the symptoms, the times of day at which they occur, with all the attending circumstances and conditions.

2. New symptoms, either pathogenetic or curative, of medicines already or not fully tried, which are clearly ascribable to those drugs, with particulars of such cases.

3. Symptoms of remedies which have been most frequently confirmed in practice, also any remarkable coincidence in popular practice, especially in cases of poisoning.

Resolved: It is expected that each local society will report itself annually to the Institute.

Resolved: That each member of the Institute be earnestly desired to make trials of drugs upon himself.

ADOPTED JUNE 10, 1847.

Resolved: That the members of the Institute be required to pay the annual sum of one dollar, towards defraying the expenses of the Institute.

ADOPTED JUNE 13, 1850.

Resolved: That candidates who may be hereafter admitted to the membership of the Institute, who may have received a diploma from some regularly established medical college, or institution legally authorized to confer such degree, shall have the title M.D. affixed their names in all the publications of the Institute; and all who have not such degree of Doctor of Medicine, but are eligible to membership according to the seventh article of the By-Laws, shall have prefixed the title of Dr., and the Board of Censors are hereby instructed so to report their names to the Institute.

Resolved: That, in the opinion of this Institute, all methods of arriving at the curative properties of a drug, except by means of its pathogentic effects, are uncertain.

ADOPTED JUNE 12, 1851.

Resolved: That this Institute consider it the duty of every member to make some written communication at every

annual meeting, upon some matter pertaining to the general interests of Homœopathy.

Resolved: That members of the Institute who may change their place of residence are hereby requested to give notice of such change to the General Secretary.

Resolved: That individuals proposing to become members of the Institute, shall subscribe their names, if present, or if absent the Secretary be authorized to add such names, and place of residence, to the Constitution and By-laws, previous to receiving the certificate of membership.

ADOPTED JUNE 8, 1853.

Resolved: That the members of the Institute who shall sign the certificate of an applicant for membership, shall state upon the certificate the name of the medical college of which such applicant shall have graduated.

ADOPTED JUNE 7, 1854.

Resolved: That the elective officers of the Institute be ineligible to the same office for two successive years.

ADOPTED JUNE 8, 1854.

Resolved: That all committees appointed to report on scientific subjects, failing to report within one year after their appointment, shall be discontinued, except by a vote of two-thirds of the members present.

Resolved: That we regard the Homœopathic law as co-extensive with disease, and that a resort to any other medicinal means than those pointed out by the law, *similia similibus*, is the result, in part, of the incompletness of our Materia Medica, but mainly the result of a want of sufficient knowledge on the part of the physician of those remedies already possessed by our school, and not an insufficiency of the Homœopathic law.

Resolved: That the Pharmaceutists of the Homœopathic school be recommended to use in the preparation of drugs, by trituration, the proportion of ten grains of the drug to ninety grains of sugar of milk, and for the sake of uniformity, to retain the numerical designation adopted by Hahnemann, and continued by the majority of Homœopathic physicians.

ADOPTED JUNE 7, 1855.

Resolved: That the Institute cannot view the advertising of remedies as *nostrums*, or the combining of several medicines in one prescription, in any other light than as irregular practice, and subversive of the best interests of Homœopathy, and that we will not tolerate, in our membership, one guilty of such practice.

ADOPTED JUNE 5, 1856

Resolved: That the proceedings of the Institute, published by the General Secretary, be withheld from all members of the Institute whose arrearages or dues shall amount to more than two dollars at the next meeting.

Resolved: That in accordance with the usage and dignity of scientific bodies, who very properly discountenance all extraordinary efforts on the part of the members of such bodies, to enhance individual interests, we, as an associated scientific body will discountenance all like extraordinary efforts on the part of the members of this Institute; and whenever such cases come to our knowledge, well authenticated, we will sever such members from our connexion, as no longer worthy of our sympathy and fellowship.

ADOPTED JUNE 4, 1857.

Resolved: That members in good standing, who, from advanced age, shall have retired from the practice of medicine may retain honorary membership, and be exempt from the payment of annual dues.

Resolved: That it is the duty of the American Institute of Homœopathy to extend a fostering care to the Homœpathic Medical Colleges of the United States, and exert her influence in directing students of medicine, who are seeking admission to the honors of the profession, to their halls for instruction.

Resolved: That the American Institute of Homœopathy does not necessarily endorse the doctrines contained in the reports of committees, by accepting and publishing such reports with the proceedings.

ADOPTED JUNE 3, 1858.

Resolved: That all papers received by the Institute, which are ordered to be placed on file, be referred to the General Secretary, to be used as he may think proper, in making up his report of the proceedings of our annual meetings.

ADOPTED JUNE 2, 1859.

Resolved: That in all publications of the Institute, whenever attenuations, dilutions or potencies are mentioned, the centessimal scale is implied unless a different scale is expressed.

Resolved: That in the case of such papers ordered for publication as are objectionable on account of their length, the Publishing Committee may, with the consent of the authors, abbreviate the same, or suspend the publication thereof until otherwise instructed.

Resolved: That a collection of well-digested clinical facts being of importance to the interests of Homœopathy, the members of this Institute are requested to furnish the committees appointed to report on medical subjects, with an abstract of such cases of importance occurring in their experience, as relate to any of those designated subjects, and that the publication of the same is authorized, provided it can be effected without subjecting the Institute to pecuniary responsibility.

XXII.

NAMES OF MEMBERS

OF THE

AMERICAN INSTITUTE OF HOMŒOPATHY.

* Denotes Deceased. † Honorary Membership, and Exemptiom from Dues.

A.

Abbott, Jehiel, M.D. ..... Westfield, Mass.
*Adams, Henry, M.D. ..... Cohoes, N. Y.
Ahlborn, Henry, M.D. ..... Marbelhead, Mass.
*Allen, James H. M.D. ..... New York City.
Alley, James T. M.D. ..... New York City.
*Anderson, M., M.D. ..... Philadelphia.
*Anderson, Moses, M.D. ..... New York City.
Andrews, J. R., M.D. ..... Camden, N. J.
Angell, H. C., M.D. ..... Boston, Mass.
Annin, J. D., M.D. ..... Newark, N. J.
Armour, Thomas, M.D. ..... ——Kansas.
Ashton, A. H., M.D. ..... Philadelphia.
*Atwood, M., M.D. ..... Francistown, N. H.

B.

Baker, George, M.D. ..... Chelsea, Mass.
Baker, J. C., M.D. ..... Middleboro, Mass.
Baldwin, D. A., M.D. ..... Madison, Wis.
Baldwin, Jared G., M.D. ..... New York City.
Ball, A. S., M.D. ..... New York City.

Barlow, S. B., M.D. ..... Mew York City.
Barnes, G. W., M.D., ... Mount Vernon, O.
Barrows, George, M.D. ..... Taunton, Mass.
Barrows, Ira, M.D. ..... Providence, R. I.
Bartlett, A. R., M.D. ..... Aurora, Ill.
Bartlett, E. M., M.D. ..... ———La.
Bauer, A., M.D. ..... Cincinnati, O.
Baxter, Wm. M.D. ..... Wappinger's Falls, N. Y.
Bayard, Edward, M.D. ..... New York City.
Beakley, G., M.D. ..... New York City.
Beakley, J., M.D. ..... New York City.
Beakley, H., M.D. .....Brewster's Station, N. Y.
*Beard, Dr. D. H. ....Troy, N. Y.
Beckwith, Seth R., M.D. ..... Cleveland, O.
Beebe, G. D., M.D. ..... Chicago, Ill.
Beers, A. H., M.D. ..... Buffalo, N. Y.
Belcher, George E., M.D. ..... New York City.
Bell, H. W., M.D. ..... Peekskill, N. Y.
Bell, Sandford, M.D. ..... Springfield, Ill.
Bellows, A. G., M.D. ..... Roxbury, Mass.
†Belt, R. G., M.D. ..... Philadelphia.
Bennet, H., M.D. ..... Rochester, N. Y.
Berens, Bernard, M.D. ..... Philadelphia.
Berens, Joseph, M.D. ..... Philadelphia.
Berghaus, Julius M. M.D. ..... New York City.
Bigelow, Franklin, M.D. ..... Toledo, O.
Bigelow, J. G., M.D. ..... Syracuse, N.Y.
Bigler, G. W., M.D. ..... Cincinnati, O.
Bishop, D. F., M.D. ..... Lockport, N. Y.
Bissell, A. F., M.D. ..... Toledo, O.
Blair, O. A., M.D. ..... Columbus, O.
Blanchard, H. C., M.D. ..... Buffalo, N. Y.
Blanchard, J. A., M.D. ..... Louisville. Ky.
Bloss, Richard, M.D. ..... Troy, N. Y.
Boardman, J. C., M.D. ..... Trenton, N. J.
Bolles, R. M., M.D. ..... New York City.
Bowers, Josiah, M.D. ..... Billerica, Mass.
Bowers, B. F., M.D. ..... New York City.
Bradford, F. S., M.D. ..... Charleston, S. C.
Bradford, Richmond, M.D. ..... Auburn, Me.
Brainerd, Jehu, M.D. ..... Cleveland, O.
Brisbane, Wm., M D. ..... Wyoming, Pa.
Brooks, C. A., M.D. ..... Clinton, Mass.
Brooks, Silas S., M.D. ..... Philadelphia.
Brown, John, M.D. ..... Lynn, Mass.
*Brown, Joseph R., M.D. ..... Galveston, Texas.
Brown, Samuel, M.D. ..... Philadelphia.
Brown, William, M.D. ..... Philadelphia.

*Bryan, R. S., M.D. ..... Troy, N. Y.
Bryant, Charles G., M.D. ..... San Francisco, Cal.
Bryant, Joel, M.D. ..... Brooklyn, N. Y.
Buckner, Charles S., M.D. ..... Baltimore, Md.
Bulkley, Dr. W. E. ..... Danbury, Conn.
Bull, A. T., M.D. ..... London, C. W.
Burgher, J. C., M.D. ..... Pittsburgh, Pa.
Burke, A. C., M.D. ..... Brooklyn, N. Y.
Burpee, J. A., M.D. ..... Malden, Mass.
Burr, C. H., M.D. ..... Portland, Me.
Burritt, A. H., M.D. ..... New Orleans, La.
Burritt, A. R., M.D. ..... Huntsville, Ala.

C.

Cain, William, M.D. ..... Ravenna, O.
Campbell, Melancthon W., M.D. ..... Stillwater, N. Y.
Cate, Shadrack M., M.D. ..... Salem, Mass.
Cator, H. Hull, M.D. ..... Rockford, Ill.
Chamberlain, W. B., M.D. ..... Keene, N. H.
*Channing, Wm , M.D. ..... New York City.
Chase, Durfee, M.D. ..... Palmyra, N. Y.
Chase, H. L., M.D. ..... Cambridge, Mass.
Chittenden, G. W., M.D. ..... Janesville, Wis.
Church, W. J., M.D. ..... Pittsburgh, Pa.
Clark, Eliphalet, M.D. ..... Portland, Me.
Clark, J. K., M.D. ..... Louisville, Ky.
Clark, J. L., M.D. ..... Fall River, Mass.
Clark, Luther, M.D. ..... Boston, Mass.
†Clark, P., M.D. ..... Coventry, R. I.
Clark, Henry B., M.D. ..... New Bedford, Mass.
Clary, Lyman, M.D. ..... Syracuse, N. Y.
Clay, J. B. L., M.D. ..... Mooreston, N. J.
Clements, Z., M.D. ..... Victoryville, N. Y.
Colby, Isaac, M.D. ..... Salem, Mass.
Cole, Harvey, M.D. ..... Pittsfield, Mass.
Collins, H. A., M.D. ..... Springfield, Mass.
Colton, D. A., M.D. ..... Chicago, Ill.
Coman, J. W., M.D. ..... St. Louis, Mo.
Cook, A. P., M.D. ..... Hudson, N. Y.
*Cook, Geo. W., M.D. ..... New York City.
Cook, Simeon A., M.D. ..... Troy, N. Y.
Cook, N. F., M.D. ..... Chicago, Ill.
Cornell, Benj. F., M.D. ..... Moreau Station, N. Y.
Cote, M., M.D. ..... Pittsburgh, Pa.

Coules, E. W., M.D. ..... Rock Island, Ill.
Coulter, J. H., M.D. ..... Columbus, O.
*Cox, George, M.D. ..... Williamsburgh, N. Y.
Cox, James W., M.D. ..... Albany, N. Y.
Coxe, jr., John Redman, M.D. ..... Philadelphia.
Coxe, L. Lewis, M.D. ..... Philadelphia.
Crittenden, Dr. J. ..... Morristown, N. J.
Crittenden, Dr. W. H. ..... Morristown, N. J.
Crocker, Isaac S., M.D. ..... Providence, R. I.
*Crosby, Dr. ——— ..... Akron, O.
Cullis, C., M.D. ..... Boston, Mass.
Cumings, E. P., M.D. ..... Exeter, N. H.
Cummings, J. M., M.D. ..... Portland Me.
Cushing, J. T., M.D. .....Covington, Ky.
Cushing, John J., M.D. ..... San Francisco, Cal.

D.

Dake, C. A., M.D. ..... Warsaw, N. Y.
Dake, C. M., M.D. ..... Geneseo, N.Y.
Dake, D. M., M.D. ..... Pittsburgh, Pa.
Dake, J. P., M.D. ..... Pittsburgh, Pa.
Dake, J. W., M.D. ..... Warsaw, N. Y.
Dake, W. H., M.D. ..... Louisville, Ky.
*Darling, C. B., M.D. ..... Lyndon, Vt.
De Gersdorff, B., M.D. ..... Salem, Mass.
Dennett, G. Wm., M.D. ..... Boston, Mass.
Dennison, Jeremiah T., M.D. ..... Fairfield, Conn.
Detwiller, H., M.D. ..... Easton, Pa.
Detwiller, J. J., M.D. ..... Easton, Pa.
De Wolfe, John J., M.D. ..... Providence, R. I.
Dinsmore, J. Pitman, M.D. ..... Brooklyn, N. Y.
Dodge, Lewis, M.D. ..... Buffalo, N. Y.
Dodge, Moses, M.D. ..... Portland, Me.
Donovan, T. W., M.D. ..... Quarantine, Staten Island, N. Y.
Douglas, J. S., M.D. ..... Milwaukie, Wis.
Driggs, Hiram C., M.D. ..... Detroit, Mich.
Dubbs, Samuel, R., M D. ..... Philadelphia.
Duffield, Henry, M.D. ..... New London, Pa.
Dunham, Carroll, M.D. ..... Newburgh, N. Y.
Dunnell, H. G., M.D. ..... New York City.
Dutcher, B. C., M.D. ..... Brooklyn, N. Y.

E.

Eaton, H. B., M.D. ..... Rockport, Me.

Ehrman, B , M.D. ..... Cincinnati, O.
Ehrman, C., M.D. .... Louisville, Ky.
Ehrman, F. M.D. ..... Cincinnati, O.
Ellis, John, M.D. .... Detroit, Mich.
*Esrey, W. P., M.D. ..... Philadelphia.

F.

Fairchild, S., M.D. .... Parsippany, N. J.
Farnsworth, C. H., M.D. ..... E. Cambridge, Mass.
Fincke, B., M.D. ..... Brooklyn, N. Y.
*Flagg, Josiah F., M.D. ..... Boston, Mass.
Floto, H., M.D. ..... Salem, Mass.
Foote, Charles C., M.D. ..... New Haven, Conn.
Foote, Elial T., M.D. ..... New Haven, Conn.
Foote, Geo. F., M.D. .... Buffalo, N. Y.
Fox, John, W., M.D. ..... Covington, Ky.
Freeman, Alfred, M.D. ..... New York, City.
Freeman, Warren, M.D. ..... New York City.
Freeman, William, E., M D. ..... Wilmington, N. C.
*Freytag, E., M.D. ..... Bethlehem, Pa.
Freligh, Martin, M.D. ..... New York City.
Fuller, Milton, M.D. ..... Boston, Mass.
Fullgraff, Otto, M D. ..... New York City.

G.

Gale, S. M., M.D. ..... Newburyport, Mass.
Gallupe, Wm., M.D. ..... Bangor, Me.
Gambell, W. P., M.D. ..... Haverhill, Mass.
Gardiner, Daniel R., M.D. ..... Smyrna, Del.
Gardiner, Richard, M.D. ..... Philadelphia.
Gardiner, W. A., M.D ..... Woodbury, N. J.
Gardiner, F. B., M.D. ..... Cloverdale, Sonora Co., Cal.
Gause, Owen B., M.D. ..... Trerton, N. J.
Geary, J. F. G., M.D. ..... Philadelphia.
Geist, F., M.D. ..... Boston, Mass.
*Gilbert, James B., M.D. .... Savannah, Ga.
Giles, Albert, M.D. ..... Racine, Wis.
*Gosewich, C., M.D. .... Wilmington, Del.
Gray, A. W., M.D. ..... Milwaukie, Wis.
Gray, John F., M.D..... New York City.,
Graves, S. W., M.D. ..... Chicago, Ill.
Green, Geo. S., M.D. ..... Hartford, Conn

Green, J., M.D. ..... Washington, D. C.
Greenleaf, Wm. A., M.D. ..... Hamilton, C. W.
Gregg, Rollin R., M.D. ..... Canandaigua, N. Y.
Gregg, Samuel, M.D. ..... Boston, Mass.
Guernsey, E., M.D. ..... New York City.
Guernsey, H. N., M.D. ..... Philadelphia.
Guernsey, William F., M.D. ..... Frankfort, Pa.
Guilbert, E. A., M.D. ..... Dubuque, Ia.
Guy, S. S., M.D. ..... Chancellorville, Va.

H.

*Hale, Eben, M.D. ..... Boston, Mass.
Hall, G. A., M.D. ..... Westfield, N. Y.
Hallock, L., M.D. ..... New York City.
Hamilton, J. R., M.D. ..... Skowhegan, Wis.
Hammond, Milton, M.D. ..... Newark, Del.
Hanford, S. C., M.D. ..... Brooklyn, N. Y.
Hanford, W. H., M.D. ..... Brooklyn, N. Y.
Harbison, William C., M.D. ..... Philadelphia.
Harding, W. F., M.D. ..... Greenfield, Mass.
Harris, Charles Taylor, M.D. ..... Delavan, Wis.
Harris, C. W., M.D. ..... Taunton, Mass.
Harris, J. T., M.D. ..... Abington, Mass.
*Harris, Dr. Z. H. ..... New York City.
Hatch, Philo L., M.D. ..... Dubuque, Ia.
Hawley, L. B., M.D. ..... Phœnixville, Pa.
Haynel, A. F., M.D. ..... Baltimore, Md.
Hedges, Dr. W. S. ..... Jamestown, N.Y.
Helmuth, W. S., M.D. ..... Philadelphia.
Helmuth, W. T., M.D. ..... St. Louis, Mo.
Hempel, Charles J., M.D. ..... Philadelphia.
Henry, John H., M.D. ..... Montgomery, Ala.
Hering, C., M.D. ..... Philadelphia.
Herrick, J., M.D. ..... Lyndborough, N. H.
Herron, J. A., M.D. ..... Pittsburgh, Pa.
Herwitz, S., M.D. ..... Boston, Mass.
Hill, C. J., M.D. ..... Utica, N. Y.
Hill, B. L., M.D. ..... Berlin, O.
Hobson, Joseph V., M.D. ..... Richmond, Va.
Hoffman, H. H., M.D. ..... Pekin, Ill.
Hofman, Ernst, M.D. ..... Poughkeepsie, N. Y.
Holcombe, William H., M.D. ..... Waterproof, La.
Holt, Aaron P., M.D. ..... Lyndon, Ill.
Holt, Daniel, M.D. ..... Lowell, Mass.
Hoppin, Washington, M.D. ..... Providence, R. I.

Horton, Freeman, M.D. ..... Weare, N. H.
Hotchkiss, J. T., M.D. ..... Bloomingrove, N. Y.
Houard, J. G., M.D. ..... Philadelphia.
Houghton, M. A., M.D. ..... Keeseville, N. Y.
Houghton, M. G., M.D. ..... Lyndon, Vt.
Hull, A. Cooke, M.D. ..... Brooklyn, N. Y.
*Hull, A. Gerald, M.D. ..... New York City.
*Humphreys, Dr. E. ..... Utica, N. Y.
Hutchinson, J. B., M.D. ..... Madison, Ind.

I.

*Ingalls, Sr. Wm., M.D. ..... Worcester, Mass.

J.

Jaeger, C. A., M.D. ..... Elgin, Ill.
James, B. W., M.D. ..... Philadelphia.
James, D., M.D ..... Philadelphia.
*James, Isaac, M.D. ..... Bustleton, Pa.
Janney, D., M.D. ..... Purcel's Store, Louden Co., Va.
Jeanes, Jacob, M.D. ..... Philadelphia.
Jefferts, G. P., M.D. ..... Kennebunkport, Me.
Jones, E. D , M.D. ..... Albany, N. Y.
Jones, Elijah U., M.D. ..... Taunton, Mass.
Jones, Joseph E., M.D. ..... Westchester, Pa.
Johnson, D. A., M D. ..... Chelsea, Mass.
Johnson, I. D., M.D. ..... Kennet Square, Pa.
Johnson, J. M., M.D. ..... Cleveland, O.
Joslin, B. F., M.D. ..... New York City.
Joslin, Jr., B. F., M.D. ..... New York City.

K.

Keep, L., M.D. ..... Brooklyn, N. Y.
Kellogg, Edwin M., M.D. ..... New York City.
Kellogg, John L., M.D. ..... Chicago, Ill.
Kenyon, L. M., M.D. ..... Buffalo, N. Y.
*Kern, B. F., M.D. ..... Philadelphia.
Kimball, D. S., M.D. ..... Sackett's Harbor, N. Y.
Kinsley, H., M.D. ..... New York City.

Kirby, S. R., M.D. ..... New York City.
*Kirk, Isaac E., M.D. ..... Hudson, N. Y.
Kitchen, James, M.D. ..... Philadelphia.
Koch, A., M.D. ..... Philadelphia.

L.

Lafon, Thomas, M.D. ..... Newark, N. J.
Lee, J. K., M.D., ... Philadelphia.
Lentz, Henry S., M.D. ..... Chestnut Hill, Phil Co., Pa.
Leon, Alexis, M.D. ..... New York City.
Lewis, Geo. W., M.D. ..... Buffalo, N. Y.
Lingen, Geo., M.D. ..... Mobile, Ala.
Linnell, J. E., M.D. ..... Worcester, Mass.
*Loomis, J. G., M.D. ..... Philadelphia.
Lougee, Wm. H., M.D. ..... Methuen, Mass.
Lovejoy, E., M.D. ..... New York City.
Ludlam, R., M.D. ..... Chicago, Ill.

M.

Macfarland, Lafayette, M.D. ..... Boston, Mass.
Macy, B. C., M.D. ..... Dobb's Ferry, N. Y.
Mairs, J., M.D. ..... New York City.
Malin, John, M.D. ..... Philadelphia.
Manchester, C. F., M.D., ... Pawtucket, R I.
Marcy, E. E., M.D. ..... New York City.
Martin, Jos. Lloyd, M.D. ..... Baltimore, Md.
Matthes, G. F., M.D. ..... New Bedford, Mass.
*Mathews, Caleb, B., M.D. ..... Philadelphia.
McAllester, James M., M.D. ..... Philadelphia.
McChesney, A. B., M.D. ..... Quincy, Ill.
McClatchey, Robert J., M.D. ..... Philadelphia.
McLeod, George J., M.D. ..... Philadelphia.
McKnight, C. G., M.D. ..... Providence, R I.
McManus, F. R., M.D. ..... Baltimore, Md.
*McManus, F. S., M.D. ..... Baltimore, Md.
Meacham, I. J., M.D. ..... Nunda, N. Y.
*Merrill, J., M.D. ..... Portland, Me.
*Metcalf, James W., M.D. ..... New York City.
Middleton, J. D., M.D. ..... Baltimore, Md.
*Middleton, R. S., M.D. ..... Philadelphia
Miller, Adam, M.D. ..... Quincy, Ill.
Miller, A. C., M.D. ..... Wilmington, Va.

Miller, Frederick, M.D. .....
Miller, Thomas, M.D. ..... Lexington, Mo.
Minton, Henry, M.D. ..... Brooklyn, N. Y.
Moore, John D., M.D. ..... Burlington, N. J.
Moore, Joseph, M.D. ..... Bridgeton, N. J.
Moore, F. R., M.D. ..... Pittsburgh, Pa.
Moore, Thomas, M.D. ..... Philadelphia.
Morgan, A. R., M.D. ..... Syracuse, N. Y.
Morill, Alpheus, M.D. ..... Brattleboro, Vt.
Morill, Henry E., M.D. ..... Brooklyn, N. Y.
Morrill, Charles, M.D. ..... Norwaik, O.
Morse, E. E., M.D. .....Cambridge, Mass.
Munger, E. A., M.D. ..... Waterville, N. Y.
Munde, Charles, M.D. ..... Florence, Mass

N.

Neidhard, Chas., M.D. ..... Philadelphia.
Neilson, I. C., M.D. ..... Charlestown, Mass.
Newcomb, Geo. V., M.D. ..... Brooklyn, N. Y.
Nichols, J. S., M.D. ..... Woonsocket, R. I.
Nichols, L. B., M.D. ..... Worcester, Mass.
Norton, L. H., M.D. ..... Bridgeport, Conn.

O.

Ober, Benjamin, M.D. ..... San Francisco, Cal.
Ober, L. E., M.D. ..... La Crosse, Wis.
Orme, C., M.D. ..... Panama, N. Y.
Orme, F. H., M.D. ..... Savannah, Ga.
Osgood, David, M.D., ... Boston, Mass.

P.

Paine, Henry D., M.D. ..... Albany, N. Y.
Paine, Horace M., M.D. ..... Cinton, N. Y.
†Paine, John A., M.D. ..... Utica, N. Y.
Paine, J. P., M.D. ..... Dedham, Mass.
Palmer, Frederick N., M.D. ..... Newtonville, Mass.
Palmer, M. W., M.D. ..... New York City.
Palmer, W. C. M.D. .... New York City.

Parker, H. C., M.D. ..... Manchester, N. H.
Payne, James H., M.D. ..... Boston, Mass.
*Payne, John, M.D. ..... Belfast, Me.
*Payne, L. V., M.D. ..... Belfast, Me.
Payne, W. E., M.D. ..... Bath, Me.
*Peak, Dr. J. M. ..... Cooperstown, N. Y.
Pearson, William, M.D. ..... Dayton, O.
*Peck, William, M.D. ..... Cincinnati, O.
Peirson, F. D., M.D. .....
Perkins, Roger G., M.D. .....
Perrine, W. L. R., M.D. ..... Brooklyn, N. Y.
Peterson, James, M.D. ..... Weare, N. H.
Petherbridge, J. B., M.D. ..... New York City.
Pfouts, John S., M.D. ..... Atlanta, Ga.
Pierce, L., M.D. ..... Francistown, N. H.
Pierce, T. A., M.D. ..... Norristown, Pa.
Piper, J. R., M.D. ..... Washington, D. C.
Pitney, Aaron, M.D. ..... Chicago, Ill.
Pomeroy, Thomas F., M.D. ..... Detroit, Mich.
Poole, Dr. A. ..... Oswego, N. Y.
Potter, E. A., M.D. ..... Oswego, N. Y.
Pratt, L. M., M.D. ..... Albany, N. Y.
Preston, Henry C., M.D. ..... St. Johns, N. B.
Pulsifer, M. R., M.D. ..... Ellsworth, Me.
Pulsifer, N. G. H., M.D. ..... Waterville, Me.
Pulte, J. H., M.D., ... Cincinnati, O.

Q.

Quin, James M., M.D. ..... New York City.

R.

Raborg, Christopher H., M.D. ..... Baltimore, Md.
Randel, William H., M.D. ..... Albany, N. Y.
*Randel, J. M., M.D. ..... Chesapeake City, Md.
Raymond, J. C., M.D. ..... Utica, N. Y.
*Rea, Albus, M.D. ..... Portland, Me.
Reading, Edward, M.D. ..... Hatboro, Pa.
Reading, J. K., M.D. ..... Somerton, Pa.
Record, Edward J., M.D. ..... Woodbury, N. J.
Reed, William A., M.D. ..... Philadelphia.
Reed, Jacob, jr., M.D. ..... Philadelphia.
Reichhelm, Gustavus, M.D. ..... Philadelphia.

Rhees, Morgan J., M.D. ..... Mount Holly, N. J.
Richards, D. S., M.D. ..... Richmond, Me.
Richardson, E. T., M.D. ..... Brooklyn, N. Y.
Roberts, E. W., M.D. ..... Harrisburg, Pa.
*Roberts, Dr. J. .... Vassalboro, Me.
Robinson, Horatio, M.D. ..... Auburn, N. Y.
Roche, M. B., M.D. ..... New Bedford, Mass.
Rodman, William W., M.D. ..... New Haven, Conn.
Romig, J., M.D. ..... Allentown, Pa.
*Rosa, Lemuel K., M.D. ..... Painesville, O.
Rosa, Storm, M.D. ..... Painesville, O.
Rosman, John G., M.D. ..... Brooklyn, N. Y.
*Rosman, Robert, M.D. ..... Brooklyn, N. Y.
*Royston, T. P., M D. ..... Lockport, N. Y.
Russell, George, M.D. ..... Boston, Mass.

S.

Samson, Charles M., M.D. ..... Brooklyn, N. Y.
Sanborn, B., M.D. ..... St. Johnsbury, Vt.
Sanders, John C., M.D. ..... Cleveland, O.
Sargent, Rufus, M.D. .....Monticello, Wright Co., M. T.
Sanders, O. S., M.D. ..... Boston, Mass.
Saunders, C. F., M.D. ..... Waltham, Mass.
Sawyer, B. E., M.D. ..... Haverhill, Mass.
Scales, T. S., M.D. ..... Woburn, Mass.
Schmidt, J., M.D. ..... Baltimore, Md.
Schmœle, H., M.D. ..... Philadelphia.
Schwartz, Dr. Gust., ... Philadelphia.
Scisson, Edward R., M.D. ..... New Bedford, Mass.
Schackford, Rufus, M.D. ..... Portland, Me.
Scott, James L., M.D. ..... Philadelphia.
Shattock, A., M.D. ..... Buffalo, N. Y.
*Sheek, J. F., M.D. ..... Philadelphia.
Shephard, Dr. David, ... Bainbridge, O.
Sherman, J. H., M.D. ..... Nantucket, Mass.
Sherrill, H., M.D. ..... New York City.
Shipman, Geo. E., M.D. ..... Chicago, Ill.
*Shue, J., M.D. ..... Hartford, Conn.
Sill, Joseph, M.D. .... San Francisco, Cal.
Sims, Francis, M.D. ..... Philadelphia.
Sites, Oscar, M.D. ..... New London, Conn.
Skiff, C. H., M.D. ..... Brooklyn, N. Y.
Skiles, F. W., M.D ..... Pittsburgh, Pa.
Slocum, Mortimer, M.D. ..... San Antonio, Texas.
Small, A. E., M.D. ..... Chicago, Ill.

Smith, D. S., M.D. ..... Chicago, Ill.
Smith, Edward M., M.D. ..... Burlington, N. J.
Smith, Hamilton L., M.D. ..... Mount Vernon, O.
Smith, Henry M., M.D. ..... New York City.
Smith, Jr. J. W., M.D. ..... Brooklyn, N. Y.
Smith, Thos. Franklin, M.D. ..... New York City.
*Snow, R. A., M.D., ... New York City.
Sparhawk, G. E. E., M.D. ..... Gaysville, Vt.
Spencer, C. L., M.D. ..... New Bedford, Mass.
Springsteed, David, M.D. ..... Albany, N. Y.
*Stansbury, R. M., M.D. ..... California.
Starkey, George R., M.D. ..... Philadelphia.
Starr, Calvin, M.D. ..... Iowa City, Ia.
Stebbins, N., M.D. ..... Medina, N. Y.
Stehman, Jacob G., M.D. ..... Lancaster, Pa.
Stevens, C. A., M.D., ... Hudson, N. Y.
Stevens, Grenville S., M.D. ..... Providence, R. I.
Stevenson, T. Collins, M.D. ..... Carlisle, Pa.
Stiles, William, M.D. ..... Philadelphia,
*Stone, Alfred B., M.D. ..... Boston, Mass.
Stone, Henry E., M.D. ..... Fair Haven, Conn.
Stretch, J. B., M.D. ..... Salem, N. J.
Sullivan, John L., M.D. ..... New York City.
Swan, Daniel, M.D. ..... Medford, Mass.
Swazey, George W., M.D. ..... Springfield, Mass.

T.

Taft, C. A., M.D. ..... Hartford, Conn.
*Taft, G. M., M.D. ..... New Orleans, La.
Talbot, I. T., M.D. ..... Boston, Mass.
Tarbell, J. A., M.D. ..... Boston. Mass.
*Taylor, John, M.D., ... New York City.
Thayer, David, M.D ..... Boston, Mass.
Thomas, E. B., M.D. ..... Cincinnati, O.
Thompson, W. L., M.D. ..... Dover, N. H.
Thorne, Joshua, M.D. ..... Springfield, Ill.
Tift, John, M.D. ..... Norwalk, O.
Tindall, Daniel, M.D. ..... Philadelphia.
Titsworth, R., M.D. ..... Plainfield, N. J.
Toothaker, Charles E., M.D. ..... Philadelphia.
Train, H. D., M.D. ..... Sheffield, Mass.
Trites, David T., M.D. ..... Philadelphia.
Terrill, George F., M.D. ..... Cleveland, O.
Turner, John, M.D. ..... Brooklyn, N. Y.
Turrill, M. Y.. M.D. ..... Cleveland, O.

V.

Vanderburg, Federal, M.D. ..... Rhinebeck, N. Y.
*Vastine, P. E., M.D. ..... Trenton, N. J.
Verdi, Tullio S., M.D. ..... New York City.
Vinal, L. G., M.D. ..... Philadelphia.

W.

Wack, Philis, M.D. ..... Philadelphia.
Wackerbarth, T. von, M.D. ..... St. Louis, Mo.
Walker, A., M.D. ..... Pontiac, Mich.
Walker, Chas. H., M.D. ..... Manchester, N. H.
Walker, C., M.D. ..... Northampton, Mass.
Walker, Joseph S., M.D. ..... Gloucester, Mass.
†Ward, I. M., M.D. ..... Newark, N. J.
Ward, John A., M.D. ..... New York City.
Ward, J. B., M.D. ..... Newark, N. J.
Ward, Walter, M.D. ..... Mount Holly, N. J.
Warner, L. T., M.D. ..... New York City,
*Warner, N. H., M.D. ..... Buffalo, N. Y.
Watson, James L., M.D. ..... Brooklyn, N. Y.
Watson, William H., M.D. ..... Utica, N. Y.
Weeks, B., M.D. ..... South Boston, Mass.
Weld, C. M., M.D. ..... Jamaica Plains, Mass.
Wells, L. B., M.D. ..... Utica, N. Y.
Wells, P. P., M.D. ..... Brooklyn, N. Y.
Wesselhœft, C., M.D. ..... Dorchester, Mass.
*Wesselhœft, W., M.D. ..... Boston, Mass.
Wesselhœft, W. P., M.D. ..... Boston, Mass.
West, Edwin, M.D. ..... New York City,
Wheat, J. M., M.D. ..... Oberlin, O.
Wheeler, John, M.D. ..... Cleveland, O.
Whipple, A., M.D. ..... Dry Ridge, O.
White, Theodore C., M.D. ..... Detroit, Mich.
*Whitehead, C., M.D. ..... Philadelphia.
Whittle, J. F., M.D. ..... Nashua, N. H.
Wild, Charles, M.D. ..... Brookline, Mass.
Wild. E. A., M.D. ..... Brookline, Mass.
Wilder, Daniel, M.D. ..... New Bedford, Mass.
Wilder, Louis De V., M.D. ..... New York City.
Wilkinson, R. M., M.D. ..... Rock Island, Ill.
Williams, C. D., M.D. ..... Cleveland, O.
Williams, George C., M.D. ..... Germantown, Pa

Williams, T. S., M.D. ..... Germantown, Pa
Williamson, W., M.D. ..... Philadelphia.
Williamson, W. M., M.D. ..... Philadelphia.
*Wilsey, F. L., M.D. ..... New York City.
Wilson, A. D., M.D. ..... New York City.
Wilson, G. H., M.D. ..... West Meridan, Conn.
Witherell, E. C., M.D. ..... Cincinnati, O.
Withey, Samuel, Jr., M.D. ..... Philadelphia.
Wolcott, W. G., M.D. ..... Whitehall, N. Y.
Wood, J. B., M D. ..... Westchester, Pa.
*Wood, J. G., M.D. ..... Salem, Mass.
Wood, O. S., M.D. ..... Phœnixville, Pa.
Woodbury, J. H., M.D. ..... East Boston, Mass.
Woodruff, F., M.D. .....Ann Harbor, Mich.
Woolverton, A. N., M.D. ..... Hamilton, Canada West.
Worthington, Anthony H., M.D. .....
Wright, Albert, M.D. ..... Brooklyn, N. Y.
Wright, A. S., M.D. ..... Indianapolis, Ind.
Wright, Clark, M.D ..... New York City.

Y.

Youlin, John G., M.D. ..... Jersey City, N. J.

Z.

Zumbrook, Anthony, M.D. ..... Philadelphia

XXIII.

OFFICERS OF THE INSTITUTE

FROM ITS ORGANIZATION

TO THE PRESENT TIME.

FIRST SESSION,

Held in New York, April 10, 1844.

JOSIAH F. FLAGG, M.D., of Boston, Chairman.
JOHN F. GRAY, M.D., of New York, Gen. Sec.
A. GERALD HULL, M.D., of New York, Prov. Sec.
S. R. KIRBY, M.D., of New York, Treasurer.

SECOND SESSION,

Held in New York, May 14, 1845.

JACOB JEANES, M.D., of Philadelphia, Chairman.
EDWARD BAYARD, M.D., of New York, Gen. Sec.
R. A. SNOW, M.D., of New York, Prov. Sec.
S. R. KIRBY, M.D. of New York, Treasurer.

THIRD SESSION,

Held in Philadelphia, May 13, 1846.

S. R. KIRBY, M.D., of New York, Chairman.
E. BAYARD, M.D., of New York, Gen. Sec.
R. A. SNOW, M.D., of New York, Prov. Sec.
S. R. KIRBY, M.D., of New York, Treasurer.

SIXTEENTH SESSION,

Held in Boston, June 1, 1859.

P. P. Wells, M.D., of Brooklyn, Chairman.
H. D. Paine, M.D., of Albany, Gen. Sec.
I. T. Talbot, M.D., of Boston, Prov. Sec.
C. H. Skiff, M.D., of New Haven, Treasurer.

SEVENTEENTH SESSION,

Held in Philadelphia, June 2, 1860.

E. C. Witherell, M.D., of Cincinnati, Chairman.
Jacob Beakley, M.D., of New York, Gen. Sec.
Henry M. Smith, M.D., of New York, Prov. Sec.
C. H. Skiff, M.D., of Brooklyn, Treasurer.

ERRATA.

Page 20 top line, for "amblyophia," read *amblyopia.*
" 24 5th " from top, for "and at times," read and at *no time.*
" 27 top " for "Dr. S. M. Cate," read *Dr. W. E. Payne.*
" 32 top " for "right to this," read right to *do* this.
" 34 6th " from bottom, for "societies," read *society.*
" 50 10th " " " for "vigilence," read *vigilance.*
" 81 2nd " " top for "membrame," read *membrane.*
" 88 8th " " " for "first order," read first *in* order.
" 97 8th " from bottom, for "patient," read *the* patient.
" 101 2nd " " " for "I," read *It.*
" 129 8th " " top for "whire," read *where.*

NOTICES.

After, publishing the address of Dr. McManus' the Committee learned that there were not funds sufficient to warrant the distribution of it by mail, and were therefore obliged to limit each member to three copies. Those members wishing additional copies can be furnished such on remitting stamps, (1 cent each) to pre-pay postage.

Address,

JACOB BEAKLEY, M.D., General Sec.,

Grammercy Park House, New York City.

Eighteenth Annual Meeting of the American Institute of Homœopathy.

The Eighteenth Annual Meeting of the Institute will be held in the city of Cincinnati, on Wednesday, the 5th day of June, 1861.

JACOB BEAKLEY, M.D.,

General Secretary.

2 GAL 800

3-14-01
239 +